Fill in this information to identify yo	our case:	
United States Bankruptcy Court fo		
Northern District of I	ndiana	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if thi amended fi

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Keith	Danielle
	Write the name that is on your	First name	First name
	government-issued picture	Everett	Rene
	identification (for example, your	Middle name	Middle name
	driver's license or passport).	Beber	Beber
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)
2.	All other names you have		Danielle
	used in the last 8 years	First name	First name
	Include your married or maiden		Rene
	names and any assumed, trade	Middle name	Middle name
	names and <i>doing business as</i> names.		Weltz
	names.	Last name	Last name
	Do NOT list the name of any		
	separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)
		Business name (if applicable)	Business name (if applicable)
3.	Only the last 4 digits of your Social Security number or	xxx - xx - <u>9 5 6 1</u>	xxx - xx - <u>6</u> <u>0</u> <u>0</u> <u>6</u>
	federal Individual Taxpayer	 OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx

	otor 1 otor 2	Keith Danielle	Everett Rene	Beber Beber	_
		First Name	Middle Name	Last Name	Case number (if known)
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Emplo Number (El	yer Identification N), if any.			EIN
			=		EIN — — — — —
5.	Where you	live			If Debtor 2 lives at a different address:
			537 Capitol Blvd		
			Number Stree	et	Number Street
			Fil.b.o.t. IN 40540		
			Elkhart, IN 46516 City	State ZIP Code	City State ZIP Code
			Elkhart		
			County		County
				dress is different from the one above that the court will send any notices to address.	
			Number Stree	ot .	Number Street
			P.O. Box		P.O. Box
			City	State ZIP Code	City State ZIP Code
6.	Why you ar	e choosing <i>thi</i> s	Check one:		Check one:
	district to 11	le for bankruptcy	Over the last 1 have lived in the district.	180 days before filing this petition, I his district longer than in any other	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			I have another (See 28 U.S.C	r reason. Explain. C. § 1408)	I have another reason. Explain. (See 28 U.S.C. § 1408)
			_		

Deb	tor 2 Danielle	Rene	Beber		ase number (if known)
	First Name	Middle Name	Last Name		rase number (ii known)
Par	t 2: Tell the Court Abou	t Your Bankruptcy	Case		
7.	The chapter of the Bankru Code you are choosing to under		m 2010)). Also, go to the top I 2		1 U.S.C. § 342(b) for Individuals Filing for appropriate box.
8.	How you will pay the fee	details about check, or more a credit card a credit card to part to Pay The I lead t	t how you may pay. Typicall oney order. If your attorney of or check with a pre-printed by the fee in installments. If Filing Fee in Installments (Out of the fee in the fee in installment) at my fee be waived (You mout is not required to, waive the filing that applies to your fee.	ly, if you are paying the feet is submitting your payment address. you choose this option, significial Form 103A). hay request this option only your fee, and may do so captured the submitted of the submitted in the submitted	the clerk's office in your local court for more expourself, you may pay with cash, cashier's ton your behalf, your attorney may pay with gn and attach the <i>Application for Individuals</i> of if you are filing for Chapter 7. By law, a only if your income is less than 150% of the lable to pay the fee in installments). If you hapter 7 Filing Fee Waived (Official Form
9.	Have you filed for bankrup within the last 8 years?	ytcy ☑No. □Yes. District District District		WhenWhenWhenWhenWhenWhen	Case number Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing the case with you, or by a business partner, or by an affiliate?	is Yes. Debtor		When	Case number, if known YYY Relationship to you Case number, if known
11.	Do you rent your residenc	☐ Yes. Has yo ☐ No ☐ Ye	line 12. our landlord obtained an evi o. Go to line 12. es. Fill out <i>Initial Statement</i> as part of this bankruptcy pet	About an Eviction Judgme	u? nt Against You (Form 101A) and file it

Debtor 1

Keith

Everett

Beber

Debtor 1 Debtor 2	Keith Danielle	Everett Rene	Beber Beber		Coop musels on (%)	
	First Name	Middle Name	Last Name		Case number (if known)	
Part 3: F	Report About Any Busin	esses You Owi	n as a Sole Proprieto	r		
any f	you a sole proprietor of full- or part-time ness?	No. Go to Pa	art 4.			
busin indivi legal	e proprietorship is a ness you operate as an idual, and is not a separate entity such as a pration, partnership, or LLC.	Name of busin				
If you propr	have more than one sole rietorship, use a separate t and attach it to this	Number	Street			
·		City		State	ZIP Code	
		•	ppropriate box to describe	•		
			Care Business (as defined			
		☐ Single A	sset Real Estate (as defin	ned in 11 U.S.C. § 101(5	51B))	
		☐ Stockbro	oker (as defined in 11 U.S	s.C. § 101(53A))		
		☐ Commo	dity Broker (as defined in	11 U.S.C. § 101(6))		
		☐ None of	the above			
11 of and a debte	you filing under Chapter the Bankruptcy Code, are you a small business or or a debtor as defined I U.S. C. § 1182(1)?	proceed under S debtor or you are of operations, ca	Subchapter V so that it care choosing to proceed und	n set appropriate deadlin der Subchapter V, you m	ou are a small business debtor nes. If you indicate that you are nust attach your most recent be or if any of these documents o	e a small business alance sheet, statement
	definition of small business	☑ No. I am	n not filing under Chapter	11.		
debto 101(5	or, see 11 U.S.C. § 51D).		n filing under Chapter 11, kruptcy Code.	but I am NOT a small bu	usiness debtor according to the	e definition in the
					ebtor according to the definitio der Subchapter V of Chapter	
			n filing under Chapter 11, le, and I choose to procee	· ·	to the definition in § 1182(1) of Chapter 11.	of the Bankruptcy

Keith Danielle			Case number (if known)
First Name	Middle Name	Last Name	Case Humber (ii known)
ort if You Own or H	ave Any Hazard	ous Property or A	ny Property That Needs Immediate Attention
vn or have any	☑ No.		
	☐ Yes. What	is the hazard?	
		_	
r do you own any		_	
•	If imm	ediate attention is nee	eded, why is it needed?
		_	
be fed, or a building		_	
	Where	a is the property?	
	VVIIEIG	· · · · -	umber Street
		_	
	Danielle First Name ort if You Own or Hawn or have any that poses or is pose a threat of and identifiable public health or r do you own any	Danielle Rene First Name Middle Name ort if You Own or Have Any Hazardo wn or have any that poses or is pose a threat of and identifiable public health or r do you own any that needs immediate ole, do you own goods, or livestock be fed, or a building a urgent repairs?	Danielle Rene Beber First Name Middle Name Last Name ort if You Own or Have Any Hazardous Property or A wn or have any that poses or is opose a threat of and identifiable public health or or do you own any that needs immediate ole, do you own goods, or livestock be fed, or a building a urgent repairs? Where is the property?

City

State

ZIP Code

Debtor	1	
Debtor	2	

Keith
Danielle
First Name

Everett Rene

Middle Name

Beber Beber

Last Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

ı	I received a briefing from an approved credit
	counseling agency within the 180 days before
	filed this bankruptcy petition, and I received a
	certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debt Debt		Keith Danielle	Everett Rene	Beber Beber		_		
202		First Name	Middle N			Case	number	(if known)
Par	t 6: Answ	or Thoso Ouos	tions for Do	eporting Purposes				
гаі	t o. Alisw	er mese ques	STIONS FOR RE	eporting Furposes				
16.	What kind have?	of debts do you	16a.	"incurred by an individual p		ner debts? Consumer debts are of for a personal, family, or housely		
				No. Go to line 16b. Yes. Go to line 17.				
			16b.			ss debts? Business debts are del rough the operation of the busine		
			160		ı owo th	nat are not consumer debts or bu	einoss o	dobto
			100.			at are not consumer debts or bu	3111033	
17.	Are you fil	ing under Chapt	er 7? 🗹	No. I am not filing under	Chapte	7. Go to line 18.		
	exempt pro and admin paid that fu	imate that after a operty is exclude istrative expense unds will be avai ation to unsecure	ed es are lable			Do you estimate that after any exerging that funds will be available		
18.		creditors do yo at you owe?		1-49	,000	25,001-50,000 50,00	00-100,	000
19.	How much assets to b	do you estimate e worth?	j	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much	do you estimate o be?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Par	t 7: Sign E	Below						
Foi	r you	If I	have chosen t	o file under Chapter 7, I an	n aware	enalty of perjury that the informa that I may proceed, if eligible, ur each chapter, and I choose to p	nder Ch	apter 7, 11,12, or 13 of title 11, United
			, ,	resents me and I did not pand read the notice required	, ,		an attorn	ey to help me fill out this document, I
			•	·		e 11, United States Code, specifi property, or obtaining money or p		·
		bar						oth. 18 U.S.C. §§ 152, 1341, 1519,
			X /s/ Keith	Everett Beber		X /s/ Danielle Ren	ne Bebe	r
		•		ett Beber, Debtor 1		Danielle Rene Be		
			Executed of	on <u>02/22/2024</u>		Executed on 02/2	22/2024	

Debtor	1
Dobtor	2

 Keith
 Everett
 Beber

 Danielle
 Rene
 Beber

 First Name
 Middle Name
 Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this nage

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James K. Tamke	Date 02/22/2024
Signature of Attorney for Debtor	MM/ DD/ YYYY
James K. Tamke	
Printed name	
James K Tamke PC	
Firm name	
922 E Jefferson Blvd	
Number Street	
South Bend	IN 46617
City	State ZIP Code
Contact phone (574) 289-8788	Email address jamestamke@gmail.com
12030-71	IN
Bar number	State

	informat	ion to identify you	ır case and	this filing	:					
Debtor 1	, informat	Keith	Everet		Beber					
200.0.	-	First Name	Middle N		Last Name			_		
Debtor 2		Danielle	Rene		Beber					
(Spouse, if	f filing)	First Name	Middle N	lame	Last Name					
United St	atos Bank	ruptcy Court for the	· ·	Northern	District of	of In	ıdiana			
		rupicy Court for the	·	Northern	District (OI	luiana			Check if this is
Case num	nber _									amended filing
Officia	l Form	n 106A/B								
		A/B: Pro	nerty	,						12/
										ategory, list the asse
<u> </u>	No. Go to	or have any legal of Part 2. e is the property?			any residence, b	ouilding, la	nd, or similar	property	?	
1	Yes. Wher	e is the property?								
		01.141.400			e property? Check	k all that app	ly.			aims or exemptions. Put
1.1		nce: 3 bd1 ba1,96 ached garage, 0.2	2 sqft, 1	✓ Single-	ne property? Check family home c or multi-unit buildi		ly.	the amou	int of any secure	aims or exemptions. Puted claims on Schedule Eims Secured by Property
1.1	car det Street a	ached garage, 0.2 ddress, if available,	2 sqft, 1 7 Acres	Single- Duplex Condo	family home or multi-unit buildi minium or coopera	ing ative	ly.	the amou Creditors	int of any secure Who Have Clain alue of the	ed claims on Schedule E ims Secured by Property Current value of the
1.1	Car det Street a descript	ached garage, 0.2 ddress, if available, ion	2 sqft, 1 7 Acres	Single- Duplex Condo	-family home cor multi-unit buildi	ing ative	ly.	the amou	ant of any secure Who Have Clai alue of the operty?	ed claims on Schedule L ims Secured by Property Current value of the portion you own?
1.1	Car det Street a descript	ached garage, 0.2 ddress, if available,	2 sqft, 1 7 Acres	Single- Duplex Condor Manufa Land Investm	family home tor multi-unit buildi minium or coopera actured or mobile h ment property	ing ative	ly.	the amou Creditors	int of any secure Who Have Clain alue of the	ed claims on Schedule E ims Secured by Property Current value of the
1.1	car det Street a descript 537 Ca	ached garage, 0.2 ddress, if available, ion pitol Blvd t, IN 46516-4008	2 sqft, 1 7 Acres , or other	Single- Duplex Condo Manufa Land Investr	family home tor multi-unit buildi minium or coopera actured or mobile h ment property	ing ative	ly.	the amound Creditors Current ventire pro Describe	ant of any secures Who Have Clais alue of the perty? \$96,750.00 the nature of ye	ed claims on Schedule E ims Secured by Property Current value of the portion you own? \$96,750.0
1.1	Car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	Single- Duplex Condo Manufa Land Investr Other	rfamily home to or multi-unit buildi minium or coopera actured or mobile h ment property nare	ing ative nome		Current v entire pro	ant of any secures Who Have Clais alue of the perty? \$96,750.00 the nature of ye	ed claims on Schedule E ims Secured by Property Current value of the portion you own? \$96,750.0
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1.1	Car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	✓ Single- □ Duplex □ Condor □ Manufa □ Land □ Investr □ Timesh □ Other Who has a ✓ Debtor □ Debtor	family home or multi-unit buildi minium or coopera actured or mobile h ment property nare an interest in the p	ing ative nome property?		Current ventire pro Describe (such as a life estate Fee Simple)	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of yofee simple, tenatite), if known.	ed claims on Schedule E ims Secured by Property Current value of the portion you own? \$96,750.0
1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	✓ Single- □ Duplex □ Condor □ Manufa □ Land □ Investr □ Other Who has a ✓ Debtor □ Debtor □ Debtor	family home or multi-unit buildi minium or coopera actured or mobile h ment property nare an interest in the p	ing ative nome property?	Check one.	Current ventire pro Describe (such as a life estate Fee Simp	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of yofee simple, tenatite), if known.	ed claims on Schedule Etims Secured by Property Current value of the portion you own? \$96,750.0 Our ownership interest ancy by the entireties,
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1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	✓ Single- □ Duplex □ Condou □ Manufa □ Land □ Investm □ Other Who has a ✓ Debtor □ Debtor □ Debtor □ At leas Other info property ic Legally de	rfamily home a or multi-unit buildi minium or coopera actured or mobile h ment property hare an interest in the p 1 only 2 only 1 and Debtor 2 on at one of the debtor bration you wish dentification num escribed as "Allei	property? property? nly rs and anot n to add ab nber: ndale Lot :	Check one. her cout this item	Describe (such as a life esta Fee Simp Check (see in , such as a life Lot	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of years of the simple, tense of the simple, tense of the community of the simple of	ed claims on Schedule Etims Secured by Property Current value of the portion you own? \$96,750.0 Our ownership interest ancy by the entireties, munity property
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1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	Single- Duplex Condon Manufa Land Investm Other Who has a Debtor Debtor At leas Other info property is Legally do and value 3200). Ho they requi	efamily home or or multi-unit buildi minium or coopera actured or mobile h ment property hare an interest in the p 11 only 12 only 13 and Debtor 2 on at one of the debtor formation you wish dentification num escribed as "Aller ad as follows: The fowever since Debt flested a CMA from	property? property? nto add above: ndale Lot : e Elkhart Cotors believ n a local re	Check one. her pout this item 237" and Alle county Treasu ed the propel ealtor in whice	Describe (such as a life esta Fee Simp Check (see in , such as the state of the sta	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of your fees simple, tensite), if known. ble of if this is communitarizations) local 238" by the Elke property assess worth more the or provided a light of the communitarization.	control claims on Schedule Edins Secured by Property Current value of the portion you own? \$96,750.0 Cour ownership interest ancy by the entireties, munity property chart County Treasurer essed at 74800 (71600 an the assessed value ist of 5 comparable
1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	Single- Duplex Condon Manufa Land Investm Other Who has a Debtor Debtor At leas Other info property is Legally do and value 3200). Ho they requ properties	efamily home or or multi-unit buildi minium or coopera actured or mobile h ment property hare an interest in the p 11 only 12 only 13 and Debtor 2 on at one of the debtor formation you wish dentification num escribed as "Aller ad as follows: The wever since Debt lested a CMA from s that sold in theil	property? property? nto add above: ndale Lot: e Elkhart Cotors believ n a local re ir area for	Check one. her cout this item 237" and Alle county Treasu ed the proper ealtor in whice	Describe (such as a life esta Fee Simp Check (see in , such as the state of the sta	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of your fee simple, tensite), if known. ble c if this is communitations) local 238" by the Elke property asset the property asset the provided a lice of \$107500 fee.	ed claims on Schedule Etims Secured by Property Current value of the portion you own? \$96,750.0 Our ownership interest ancy by the entireties, nunity property chart County Treasurer essed at 74800 (71600 an the assessed value)
1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	✓ Single- □ Duplex □ Condor □ Manufa □ Land □ Investr □ Other Who has a ✓ Debtor □ Debtor □ Debtor □ At leas Other info property in Legally do and value 3200). Ho they requ properties Therefore \$74800 ar	afamily home a or multi-unit buildi minium or coopera actured or mobile h ment property hare an interest in the p 1 only 2 only 1 and Debtor 2 on at one of the debtor formation you wish dentification num escribed as "Aller ad as follows: The lowever since Debt lested a CMA from s that sold in their c, Debtors believe and the highest con	property? property? n to add above: n to add above: pelkhart cors believ m a local relation a local relation at the cors between a local relation at the cors believ m to a local relation at the cors believ m to a local relation at the cors believ m to a local relation at the cors believ m to a local relation at the cors believ m to a local relation at the cors believ mention at the cors believ	Check one. her cout this item county Treasu ed the proper ealtor in whice prices rangin se would sell sales price o	Describe (such as a life esta Fee Simp check (see in a such as the first may be the the realing from a lefor some of \$140000	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of your fee simple, tenate), if known. ble c if this is commonstructions) local 238" by the Elke property assess worth more the tor provided a lice ow of \$107500 to where between which average	ched claims on Schedule Etems Secured by Property Current value of the portion you own? \$96,750.0 Cour ownership interest ancy by the entireties, munity property Chart County Treasurer essed at 74800 (71600 an the assessed value ist of 5 comparable to a high of \$140000. the assessed value of s out to \$107400 (7480
1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	✓ Single- □ Duplex □ Condor □ Manufa □ Land □ Investr □ Other Who has a ✓ Debtor □ Debtor □ Debtor □ At leas Other info property id and value 3200). Ho they requ propertie: Therefore \$74800 ar + 140000	arfamily home are or multi-unit buildi minium or coopera actured or mobile h ment property hare an interest in the p an interest in the p an and Debtor 2 on at one of the debtor formation you wish dentification num est as "Aller est as follows: The lowever since Debt lested a CMA fron s that sold in their and Debtors believe the highest coi / 2) which is very	property? property? n to add above: n to add above: n to add above: n a local reference their house their house property area for their house their house their close in a	check one. her cout this item county Treasued the properent in whice prices ranging se would sell sales price of mount to the	Describe (such as a life esta Fee Simp Check (see in ndale Lot urer has the ty may be the the realt g from a lefor some of \$140000 lowest co	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of your fee simple, tensite), if known. ole c if this is common instructions) local 238" by the Elke the property asses the worth more that the provided a life ow of \$107500 to where between which average omparative sale.	check claims on Schedule Etims Secured by Property Current value of the portion you own? \$96,750.0 Cour ownership interest ancy by the entireties, nunity property Chart County Treasurer essed at 74800 (71600 an the assessed value ist of 5 comparable to a high of \$140000. the assessed value of
1.1	car det Street a descript 537 Ca Elkhart City	ddress, if available, ion pitol Blvd t, IN 46516-4008 State Z	2 sqft, 1 27 Acres , or other	✓ Single- □ Duplex □ Condor □ Manufa □ Land □ Investn □ Other Who has a ✓ Debtor □ Debtor □ Debtor □ Debtor □ At leas Other info property is Legally do and value 3200). Ho they requ properties 74800 ar + 140000 is believe value of ti	efamily home a or multi-unit buildi minium or coopera actured or mobile h ment property hare an interest in the p 1 only 2 only 1 and Debtor 2 on at one of the debtor formation you wish dentification num escribed as "Aller ed as follows: The wever since Debt rested a CMA from s that sold in thei a, Debtors believe nd the highest coi / 2) which is very ed to be the appro	property? property? nto add above: ndale Lot: e Elkhart Cotors believed to their house ir area for e their house mparative c close in a eximate cu believed to	check one. Check one. Check one. Count this item County Treasued the properealtor in which prices ranging se would sell sales price of mount to the crent (gross) to be about \$9	Describe (such as a life esta Fee Simp Check (see in ndale Lot arer has the try may be the the realt g from a life for some of \$140000 lowest covalue of De750(1075)	ant of any secures Who Have Clais alue of the operty? \$96,750.00 the nature of your fee simple, tensite), if known. ole c if this is common ferructions) local 238" by the Elker property assess worth more that or provided a life own of \$107500 is where between which average operative sale bettor's house.	ched claims on Schedule Et ims Secured by Property Current value of the portion you own? \$96,750.0 Cour ownership interest ancy by the entireties, munity property Chart County Treasurer essed at 74800 (71600 an the assessed value ist of 5 comparable to a high of \$140000. the assessed value of sout to \$107400 (7480 s price of \$107500 whi

Official Form 106A/B Schedule A/B: Property page 1

Part 2:

Describe Your Vehicles

			terest in any vehicles, whether they are registered ehicle, also report it on Schedule G: Executory Control		es
	rs, vans, trucks, tract No Yes	ors, sport utility v	ehicles, motorcycles		
3.1	Make: Model: Ram: Year: Approximate mileace Other information:	Dodge 1500 Sportsman 2017 ge: 84806	Who has an interest in the property? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$25,000.00	ed claims on <i>Schedule L</i>
If yo	ou own or have more t Make: Model: Year: Approximate mileag Other information:	GMC Yukon SLT 2019	who has an interest in the property? Check one. □ Debtor 1 only ☑ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$37,000.00	ed claims on <i>Schedule L</i>
Exa		•	nd other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle a		
4.1	Make: Model: Year: Other information:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?	ed claims on <i>Schedule</i> .

Current value of the portion you own?Do not deduct secured claims or exemptions.

Describe Your Personal and Household Items

Part 3:

Do you own or have any legal or equitable interest in any of the following items?

CDIO	Beber, Keith Everett; Be	ber, Danielle Rene Case number (if known)	
6.	Household goods and fu	rnishings	
	Examples: Major appliand	ces, furniture, linens, china, kitchenware	
	☐ No		
	✓ Yes. Describe	See Attached.	\$3,150.00
7.	Electronics		
		d radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ectronic devices including cell phones, cameras, media players, games	
	☐ No		
	✓ Yes. Describe	See Attached.	\$1,925.00
8.	Collectibles of value		
8.	Examples: Antiques and	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or collections; other collections, memorabilia, collectibles	
8.	Examples: Antiques and		
8.	Examples: Antiques and baseball card		\$125.00
8.	Examples: Antiques and baseball card	collections; other collections, memorabilia, collectibles	\$125.00
 8. 9. 	Examples: Antiques and baseball card	books family pictures	\$125.00
	Examples: Antiques and baseball card No Yes. Describe Equipment for sports an Examples: Sports, photog	books family pictures	<u>\$125.00</u>
	Examples: Antiques and baseball card No Yes. Describe Equipment for sports an Examples: Sports, photog	books family pictures d hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and	\$125.00
	Examples: Antiques and baseball card No Yes. Describe Equipment for sports and Examples: Sports, photographics (kayaks; carpe	books family pictures d hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and	\$125.00
	Examples: Antiques and baseball card ☐ No ☐ Yes. Describe Equipment for sports and Examples: Sports, photogodayaks; carpe	books family pictures d hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and	\$125.00
9.	Examples: Antiques and baseball card No Yes. Describe Equipment for sports and Examples: Sports, photogogy kayaks; carpe No Yes. Describe	books family pictures d hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and	\$125.00
9.	Examples: Antiques and baseball card No Yes. Describe Equipment for sports and Examples: Sports, photogogy kayaks; carpe No Yes. Describe	books family pictures d hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and ntry tools; musical instruments	\$125.00
9.	Examples: Antiques and baseball card ☐ No ☐ Yes. Describe Equipment for sports an Examples: Sports, photog kayaks; carpe ☐ No ☐ Yes. Describe Firearms Examples: Pistols, rifles,	books family pictures d hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and ntry tools; musical instruments	\$125.00

12. **Jewelry**

■ No

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,

silver

☐ No

✓ Yes. Describe. wedding rings

DOG

\$400.00

\$550.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

✓ Yes. Describe.	
------------------	--

______\$0.00

Debtor	Beber, Keith Everett	; Beber, Danielle Rene	Case number (if known)	
14.	Any other personal a	and household items you did	not already list, including any health aids you did not list	
	√ No			
	Yes. Give specific information			
15.			rt 3, including any entries for pages you have attached	\$6,150.00
Pai	rt 4: Describe	Your Financial Assets	3	
Do ye	ou own or have any le	gal or equitable interest in ar	ny of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money yo	u have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
	No			\$40.00
	√ Yes		Cash:	\$40.00
17.	and other		ounts; certificates of deposit; shares in credit unions, brokerage houses, multiple accounts with the same institution, list each.	
	✓ Yes		Institution name:	
		17.1. Checking account:	CASH APP	\$4.00
		17.2. Checking account:	Everwise Account Number: XXXXX7528	\$1.00
		17.3. Checking account:	Interra Account Number: XXXXXX4048	\$0.00
		17.4. Savings account:	Everwise Account Number: XXXX32:1	\$5.00
		17.5. Savings account:	Interra Account Number: XXXX4800	\$0.00
18.	Examples: Bond fund	s, or publicly traded stocks ds, investment accounts with br	okerage firms, money market accounts	
	☑ No			
	☐ Yes	Institution or issuer name:		

Debto	Beber, Keith Everett;	Beber, Danielle Rene	Case nu	mber (if known)	
19.	Non-publicly traded st		corporated and unincorporated businesses, inclu	iding an interest in an	
		joint venture			
	✓ No				
	Yes. Give specific information about				
	them	Name of entity:		% of ownership:	
20.	Government and corp	orate bonds and other	negotiable and non-negotiable instruments		
			c, cashiers' checks, promissory notes, and money order transfer to someone by signing or delivering them.	ers.	
	√ No				
	Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension	n accounts			
	Examples: Interests in	IRA, ERISA, Keogh, 40	1(k), 403(b), thrift savings accounts, or other pension	or profit-sharing plans	
	☐ No				
	Yes. List each account separately.	Type of account:	Institution name:		
		401(k) or similar plan:	WINNEBAGO		\$5,000.00
		401(k) or similar plan:	WINNEBAGO		\$2,000.00

22.	Security deposits and	prepayments					
	Your share of all unused deposits you have made so that you may continue service or use from a company						
	Examples: Agreements others	s with landlords, prep	paid rent, public utilities (electric, gas, water), telecommunications companies, or				
	☑ No						
	☐ Yes		Institution name or individual:				
		Electric:					
		Gas:					
		Heating oil:					
		Security deposit on	rental unit:				
		Prepaid rent:	¬				
		Telephone:					
		Water:					
		Rented furniture:					
		Other:					
23.		or a periodic payment	t of money to you, either for life or for a number of years)				
	√ No	Issuer name and de	contations				
	165	issuel flame and de	scription.				
			_				
24.	Interests in an education 26 U.S.C. §§ 530(b)(1),	•	unt in a qualified ABLE program, or under a qualified state tuition program.				
	☑ No						
	☐ Yes	Institution name and	d description. Separately file the records of any interests.11 U.S.C. § 521(c):				
		_					
		-					
		_					
25.	Trusts, equitable or fu for your benefit	iture interests in pro	operty (other than anything listed in line 1), and rights or powers exercisable				
	☑ No						
	Yes. Give specific information about th	nem					
26.	Patents, copyrights, tr	rademarks, trade se	crets, and other intellectual property				
		main names, website	s, proceeds from royalties and licensing agreements				
	☑ No						
	Yes. Give specific information about the	nem					

Case number (if known)

Debto	Beber, Keith Everett; Beber, Danielle F	Rene	Case nu	mber (if known)				
27.	Licenses, franchises, and other general intangibles Examples: Building permits exclusive licenses cooperative association holdings liquor licenses professional licenses							
	Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses							
	✓ No	٦						
	Yes. Give specific information about them							
Mon	ey or property owed to you?				Current value of the			
					portion you own? Do not deduct secured claims or exemptions.			
28.	Tax refunds owed to you							
	☐ No							
	Yes. Give specific information about them, including whether you	See Attached.		Federal:	unknown			
	already filed the returns and the tax years			State:	unknown			
	,			Local:				
29.	Family support							
	Examples: Past due or lump sum alimor settlement	ıy, spousal support, child support, r	naintenance, divorce set	tlement, property				
	No			_				
	✓ Yes. Give specific information	Michael Schmitt		Alimony:				
		52185 Broken Arrow Dr GrangerlN46530		Maintenance:				
		Date Started: 02/06/2013 Court Order: Yes			\$48.00			
		Court Gradi. 100		Support:				
				Divorce settlement:				
				Property settlement:				
30.	Other amounts someone owes you							
	Examples: Unpaid wages, disability insu	rance payments, disability benefits aid loans you made to someone els		workers' compensation,				
	☑ No							
	Yes. Give specific information							
31.	Interests in insurance policies							
	Examples: Health, disability, or life insura	ance; health savings account (HSA)	; credit, homeowner's, or	renter's insurance				
	☑ No							
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:		Surrender or refund value:			

32.	Any interest in property that is due you from someone who has died	
	If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.	
	☑ No	
	Yes. Give specific information	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment	
	Examples: Accidents, employment disputes, insurance claims, or rights to sue	
	☑ No	
	Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims	
	☑ No	
	☐ Yes. Describe each claim	
35.	Any financial assets you did not already list	
	☑ No	
	☐ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$7,098.00
Pa	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any re	eal estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	☑ No. Go to Part 6.	
	Yes. Go to line 38.	
		Current value of the
		portion you own?
		Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned	
	√ No	
	Yes. Describe	
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
	☑ No	
	☐ Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	☑ No	
	Yes. Describe	

Case number (if known)

Debtor	Beber, Keith Everett; Beber, Danielle Rene	Case number (if known)
41.	Inventory	
	☑ No	
	Yes. Describe	
42.	Interests in partnerships or joint ventures	
	☑ No	
	Yes. Describe	0/ /
	Name of entity:	% of ownership:
		
43.	Customer lists, mailing lists, or other compilations	
	☑ No	
	☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S	.C. § 101(41A)) ?
	☐ No	
	Yes. Describe	
44.	Any business-related property you did not already list	
	☑ No	
	☐ Yes. Give specific	
	information	
		 -
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages	
	for Part 5. Write that number here	→ 30.00
Do	Describe Any Farm- and Commercial Fishing-Related Prop	perty You Own or Have an Interest In.
Pai	If you own or have an interest in farmland, list it in Part 1.	
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishin	g-related property?
	☑ No. Go to Part 7.	
	☐ Yes. Go to line 47.	
		Current value of the portion you own?
		Do not deduct secured
		claims or exemptions.

Debtor	Beber, Keith Everett; Beber, Danielle Rene	Case number (if known)	
47.	Farm animals		
	Examples: Livestock, poultry, farm-raised fish		
	☑ No		
	☐ Yes		
			·
48.	Crops—either growing or harvested		
	☑ No		
	Yes. Give specific information		
49.	Farm and fishing equipment, implements, machinery, fixtures	, and tools of trade	
	☑ No		
	☐ Yes		
50.	Farm and fishing supplies, chemicals, and feed		
	✓ No		
	□ Yes		
51.	Any farm- and commercial fishing-related property you did no	ot already list	
	₫ No		
	Yes. Give specific information		-
52.	Add the dollar value of all of your entries from Part 6, including		\$0.00
	for Part 6. Write that number here	→	40.00
Pai	t 7: Describe All Property You Own or Have a	an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already lis	st?	
	Examples: Season tickets, country club membership		
	☑ No		
	Yes. Give specific information		
54.	Add the dollar value of all of your entries from Part 7. Write th	aat number here	\$0.00
Pai	t 8: List the Totals of Each Part of this Form		
55.	Part 1: Total real estate, line 2	→	\$96,750.00
56.	Part 2: Total vehicles, line 5	\$62,000.00	
57.	Part 3: Total personal and household items, line 15	\$6,150.00	

\$7,098.00

Part 4: Total financial assets, line 36

Case number (if known)

59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$75,248.00	Copy personal property total	+ \$75,248.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$171,998.00

Continuation Page

6.	Household goods and furnishing	s		
	bed			\$1,000.00
	clothes dryer			\$50.00
	dining table			\$75.00
	dish washer			\$75.00
	dishes / flatware			\$50.00
	dresser(s) / nightstand(s)			\$50.00
	lamps / accessories			\$25.00
	lawnmower			\$150.00
	loveseat(s)			\$300.00
	microwave			\$75.00
	MISCELLANEOUS HOUSEHOLD	GOODS		\$500.00
	pots / pans / cookware			\$75.00
	refrigerator / freezer			\$200.00
	sofa(s)			\$150.00
	stove			\$150.00
	washing machine			\$150.00
	yard /landscaping tools			\$75.00
7	Floatronica			
7.	Electronics cellular telephones			\$750.00
			•	
	personal computer television 1		•	\$400.00 \$400.00
	television 2			\$75.00
	television 3			\$75.00
	television 4			\$25.00
	video game system			\$200.00
28.	Tax refunds owed to you			
	Federal:	2023		unknown
	Federal:	2023 EARNED INCOME CREDIT		unknown
	State:	2023	•	unknown
	Ο ιαι σ .	- -	•	

Fill in this information	n to identify your case			
Debtor 1	Keith	Everett	Beber	
	First Name	Middle Name	Last Name	
Debtor 2	Danielle	Rene	Beber	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	N	orthern District of Indiana	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as	Exempt		
 Which set of exemptions are you claiming? Co. ✓ You are claiming state and federal nonbanks ☐ You are claiming federal exemptions. 11 U.S For any property you list on Schedule A/B that 	ruptcy exemptions. 11 U.S S.C. § 522(b)(2)	G.C. § 522(b)(3)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Residence: 3 bd1 ba1,962 sqft, 1 car detached garage, 0.27 Acres 537 Capitol Blvd Elkhart, IN 46516-4008 Line from Schedule A/B: 1.1	\$96,750.00	\$22,750.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1)
Brief description: sofa(s) Line from Schedule A/B: 6	\$150.00	\$150.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
3. Are you claiming a homestead exemption of n (Subject to adjustment on 4/01/25 and every 3 y ✓ No ☐ Yes. Did you acquire the property covered b ☐ No ☐ Yes	years after that for cases f	,	

Debtor	1
Dobtor	2

Keith Everett
Danielle Rene
First Name Middle Name

Beber Beber Last Name

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:		√ \$300.00	Ind. Code § 34-55-10-2(c)(2)
loveseat(s)	\$300.00	100% of fair market value, up	(4)(7)
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description:		√ \$75.00	Ind. Codo \$ 24 FF 40 2(a)(2)
dining table	\$75.00		Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$200.00	☑ \$200.00	Ind. Code § 34-55-10-2(c)(2)
refrigerator / freezer Line from Schedule A/B: 6	φ200.00	100% of fair market value, up to any applicable statutory limit	
Brief description:	#450.00	√ \$150.00	Ind. Code § 34-55-10-2(c)(2)
stove	\$150.00	100% of fair market value, up	
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description:	\$75.00	1 \$75.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6	ψισ.σσ	100% of fair market value, up to any applicable statutory limit	
Brief description:	Φ7F 00	√ \$75.00	Ind. Code § 34-55-10-2(c)(2)
dish washer	\$75.00	100% of fair market value, up	
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description:		1 \$150.00	Ind. Code § 34-55-10-2(c)(2)
washing machine	\$150.00	100% of fair market value, up	0000 3 0 1 00 10 2(0)(2)
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description:		√ \$50.00	Ind. Code \$ 24 FE 40 0(-\/0)
clothes dryer	\$50.00		Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	

Debtor	1
Debtor	2

 Keith
 Everett
 Beber

 Danielle
 Rene
 Beber

 First Name
 Middle Name
 Last Name

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	***	⊴ \$50.00	Ind. Code § 34-55-10-2(c)(2)
dishes / flatware	\$50.00	100% of fair market value, up	
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description:		√ \$75.00	Ind. Codo \$ 34.55.10.3(a)(2)
pots / pans / cookware	\$75.00		Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$1,000.00	1 \$1,000.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6	ψ1,000.00	100% of fair market value, up to any applicable statutory limit	
Brief description:	\$50.00	≤ \$50.00	Ind. Code § 34-55-10-2(c)(2)
dresser(s) / nightstand(s) Line from Schedule A/B:6	φ30.00	100% of fair market value, up to any applicable statutory limit	
Brief description:	#05.00	√ \$25.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B:6	\$25.00	100% of fair market value, up to any applicable statutory limit	
Brief description:	\$150.00	1 \$150.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6	φ130.00	100% of fair market value, up to any applicable statutory limit	
Brief description:		√ \$75.00	Ind. Code § 34-55-10-2(c)(2)
yard /landscaping tools	\$75.00	100% of fair market value, up	
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description:		√ \$500.00	Ind. Code § 34-55-10-2(c)(2)
MISCELLANEOUS HOUSEHOLD GOODS	\$500.00	100% of fair market value, up	iiu. Oode y 34-33-10-2(6)(2)
Line from Schedule A/B: 6		to any applicable statutory limit	

Debtor	1
Dobtor	2

 Keith
 Everett
 Beber

 Danielle
 Rene
 Beber

 First Name
 Middle Name
 Last Name

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:		√ \$400.00	Ind. Codo \$ 24 FF 40 2(a)(2)
television 1	\$400.00		Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		□6	
television 2	\$75.00	\$75.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		☑ \$75.00	Ind. Code § 34-55-10-2(c)(2)
television 3	\$75.00	100% of fair market value, up	
Line from Schedule A/B: 7		to any applicable statutory limit	
Brief description:		☑ \$25.00	Ind. Code § 34-55-10-2(c)(2)
television 4	\$25.00	100% of fair market value, up	ma. ceae 3 e i ee io 2(e)(2)
Line from Schedule A/B: 7		to any applicable statutory limit	
Brief description:		√ \$400.00	Ind. Code § 34-55-10-2(c)(2)
personal computer	\$400.00	100% of fair market value, up	
Line from Schedule A/B: 7		to any applicable statutory limit	
Brief description:		√ \$200.00	Ind. Codo \$ 24.55.40.2(a)(2)
video game system	\$200.00	Ψ200.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		√ \$750.00	Ind. Codo \$ 24 FF 40 2(a)(2)
cellular telephones	\$750.00	\$750.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 7		□ 100% of fair market value, up to any applicable statutory limit	
Brief description:		√ \$550.00	Ind. Code § 34-55-10-2(c)(2)
Clothes	\$550.00		3000 3 0 1 00 10 2(0)(2)
Line from Schedule A/B: 11		☐ 100% of fair market value, up to any applicable statutory limit	

Debtor	1
Debtor	2

 Keith
 Everett
 Beber

 Danielle
 Rene
 Beber

 First Name
 Middle Name
 Last Name

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption.		
Brief description:		√ \$400.00	Ind. Code § 34-55-10-2(c)(2)	
wedding rings	\$400.00		ma. Gode 3 04 00 10 2(0)(2)	
Line from Schedule A/B: 12		☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		√ \$0.00	1 1 0 1 0 04 55 40 07 7(0)	
DOG	\$0.00		Ind. Code § 34-55-10-2(c)(2)	
Line from Schedule A/B: 13		☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:	\$40.00	☑ \$40.00	Ind. Code § 34-55-10-2(c)(3)	
Line from Schedule A/B:16	<u> </u>	☐ 100% of fair market value, up to any applicable statutory limit		
Brief description:		☑ \$1.00	Ind. Code § 34-55-10-2(c)(3)	
Everwise Checking account Acct. No.: XXXXX7528	\$1.00	100% of fair market value, up to any applicable statutory limit		
Line from Schedule A/B:17				
Brief description:		⊴ \$5.00	Ind. Code § 34-55-10-2(c)(3)	
Everwise Savings account Acct. No.: XXXX32:1	\$5.00	100% of fair market value, up to any applicable statutory limit	ma. code 3 0 7 00 10 2(0)(0)	
Line from Schedule A/B:17				
Brief description:		√ \$0.00	Ind. Code § 34-55-10-2(c)(3)	
Interra	\$0.00	100% of fair market value, up	ma. 2545 3 5 1 55 16 2(6)(6)	
Savings account Acct. No.: XXXX4800	<u>-</u>	to any applicable statutory limit		
Line from Schedule A/B: 17				
Brief description:		⊴ \$0.00	Ind. Code § 34-55-10-2(c)(3)	
Interra	\$0.00	100% of fair market value, up	3000 3 0 . 00 10 2(0)(0)	
Checking account Acct. No.: XXXXXX4048	_	to any applicable statutory limit		
Line from Schedule A/B: 17				

Debtor	1
Debtor	2

 Keith
 Everett
 Beber

 Danielle
 Rene
 Beber

 First Name
 Middle Name
 Last Name

Case number	(if known)		
Case Hullibel	(II KIIOWII)		

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: CASH APP Checking account	\$4.00	\$4.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: 17			
Brief description: WINNEBAGO	\$5,000.00	100% of fair market value, up	Ind. Code § 34-55-10-2(c)(6)
Line from Schedule A/B: 21		to any applicable statutory limit	
Brief description: WINNEBAGO	\$2,000.00	100% of fair market value, up	Ind. Code § 34-55-10-2(c)(6)
Line from Schedule A/B: 21		to any applicable statutory limit	
Brief description: Federal tax	unknown	\$802.00	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: 28		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: State tax	unknown	√ unknown	Ind. Code § 34-55-10-2(c)(11)
Line from Schedule A/B: 28		100% of fair market value, up to any applicable statutory limit	
Brief description: EARNED INCOME CREDIT Federal tax	unknown	100% of fair market value, up	Ind. Code § 34-55-10-2(c)(11)
Line from Schedule A/B: 28		to any applicable statutory limit	
Brief description: Michael Schmitt 52185 Broken Arrow Dr GrangerlN46530 Date Started: 02/06/2013 Court Order: Yes Support	\$48.00	\$48.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: 29			

Fill in this inform	nation to identify your ca	ase:							
Debtor 1	Keith	Everett	Beber						
20010.	First Name	Middle Name	Last Name						
Debtor 2	Danielle	Rene	Beber						
(Spouse, if filing)		Middle Name	Last Name						
United States E	Bankruptcy Court for the	e: Norther	n District of	Indiana					
Case number (if								
known)			_					this is an	
							amende	a filing	
Official For	m 106D								
Schedu	 le D: Cred	itors Who	Have Claims	s Sec	ured h	v P	roperty	12/15	
			people are filing together, bo t, number the entries, and a						
•	number (if known).	iionai rage, iii it ou	i, ilulliber tile elitries, allu al	itacii it to t	ilis ioiili. Oli	ine top	or arry additional pag	jes, write your	
1. Do any cred	litors have claims sec	ured by your prope	rty?						
_			with your other schedules. You	u have noth	ing else to rer	oort on t	his form.		
	in all of the information		man year earier conteauteer rev		g 0.00 to .op				
Part 1:	_ist All Secured Cla	aims							
2. List all sec	ured claims. If a credi	tor has more than on	e secured claim, list the credit	or	Column A		Column B	Column C	
			a particular claim, list the other		Amount of o	claim	Value of collateral	Unsecured	
	•	ssible, list the claims	n alphabetical order according to the		Do not deduct	the	that supports this	portion	
creditor's na	ime.				value of collate	eral.	claim	If any	
2.1 Interra Cr	edit Union	Describe t	he property that secures the	e claim:	\$31,3	341.79	\$25,000.00	\$6,341.79	
Creditor's N	Name	2017 Dod	ge Ram1500 Sportsman						
300 West	Lincoln Ave		ge Kam 1500 Sponsman						
Number	Street	As of the	date you file, the claim is: Ch	neck all that	apply.				
		Conting	•		-117				
Goshen, I	N 46526	Unliqui	•						
City		Code Dispute							
Who owes	Who owes the debt? Check one. Nature of lien. Check all that apply.								
Debtor	· 1 only	☑ An agr	eement you made (such as mo	ortgage or s	secured car lo	an)			
☐ Debtor	•	~	ry lien (such as tax lien, mecha			,			
	1 and Debtor 2 only	_	ent lien from a lawsuit	,					
_	st one of the debtors an	d Other (including a right to						
☐ Check	if this claim relates tunity debt	,							

\$31,341.79

Date debt was incurred 11/18/2021 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

Debtoi	r 2	Danielle	Rene		Beber								
		First Name	Middle Na	ame I	ast Name								
							Column A	Column B	Column C				
		Additional Pag	ge		Amount of claim	Value of collateral	Unsecured						
Pa	rt 1:	After listing any entries on this page, number them beginning with 2.3,				Do not deduct the	that supports this	portion					
		followed by 2.4,	, and so forth.			·	value of collateral.	claim	If any				
2.2		Credit Union		Describe th	e property that secure	es the claim:	\$51,351.29	\$37,000.00	\$14,351.29				
	Creditor'	s Name		2019 GMC	Yukon SI T								
	300 We	est Lincoln Ave		2010 00									
	Number	Street		As of the da	te you file, the claim	is: Check all that	apply.						
				☐ Continge	ent								
	Gosher	n, IN 46526		☐ Unliquida	ated								
	City	State	ZIP Code	Disputed	l								
	Who ov	ves the debt? Che	eck one.	Nature of lie	en. Check all that apply	-							
	☐ Deb	tor 1 only		-	ement you made (such		secured car loan)						
		tor 2 only		Statutory lien (such as tax lien, mechanic's lien)									
		tor 1 and Debtor 2	•	_	☐ Judgment lien from a lawsuit								
	At le	east one of the debi	tors and	Other (in offset)	cluding a right to								
		ck if this claim re	lates to a										
	Date de	bt was incurred	09/22/2022	Last 4 digits	s of account number	4 8 7	3						
2.3	LOANC	ARE SERVICING	С	Describe th	e property that secure	es the claim:	\$69,228.00	\$69,228.00	\$0.00				
	Creditor'	s Name		Residence:	3 bd1 ba1,962 sqft, 1 d	ar detached gara	age 0.27 Acres						
		ENTARA WAY			lvd Elkhart, IN 46516-4008								
	Number	Street		As of the da	ite you file, the claim	is: Check all that	apply.						
				☐ Continge	•		,						
	VIRGIN	IIA BEACH, VA 234	452	☐ Unliquida									
	City	State	ZIP Code	☐ Disputed									
	Who ov	ves the debt? Che	eck one.	Nature of lie	en. Check all that apply								
	₫ Deb	tor 1 only		✓ An agree	ement you made (such	as mortgage or s	secured car loan)						
	Deb	tor 2 only		Statutory	lien (such as tax lien, r	mechanic's lien)							
		tor 1 and Debtor 2	•	_	nt lien from a lawsuit								
	At le	east one of the debi	tors and	Other (in offset)	cluding a right to								
		ck if this claim re munity debt	lates to a										
	Date de	bt was incurred	2/24/2017	Last 4 digits	s of account number	6 2 5	7						

Case number (if known)

\$120,579.29

\$151,921.08

Write that number here:

Debtor 1

Keith

Everett

Beber

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Fill i	n this inform	ation to identify your ca	ise:						
Del	otor 1	Keith	Everett		Beber				
		First Name	Middle Na	ame	Last Name				
Del	otor 2	Danielle	Rene		Beber				
		First Name	Middle Na	ame	Last Name				
Uni	tad States R	Bankruptcy Court for the	٥٠	Northern	District of	Indiana			
_		bankruptcy Court for the	·						
	se number nown)							☐ Check i	f this is an
`								amende	ed filing
Offi	cial Forr	m 106E/F							
Sc	hedu	le E/F: Cre	ditor	s Who	o Have Ur	nsecured Cla	ims		12/15
claim numb numb	s that are li per the entri per (if know	sted in Schedule D: Co	Creditors W e left. Atta	Who Have Cont ch the Cont	laims Secured by Pritinuation Page to thi	(Official Form 106G). Do no roperty. If more space is ned s page. On the top of any a	eded, copy the F	art you need,	fill it out,
1.	No. Go Yes.	ditors have priority un to Part 2.	nsecurea d	ciaims agaii	nst you?				
2.	claim listed, amounts. As	, identify what type of cl s much as possible, list	laim it is. If the claims	a claim has in alphabeti	both priority and nonlical order according to	iority unsecured claim, list the priority amounts, list that clain on the creditor's name. If you hall ar claim, list the other creditor.	n here and show ave more than tw	both priority an	d nonpriority
	(For an exp	lanation of each type of	f claim, see	the instruct	tions for this form in th	ne instruction booklet.)			
							Total claim	Priority amount	Nonpriority amount
2.1				Last 4 digi	its of account numb	er			
	Priority Cre	editor's Name			the debt incurred?				
	Number	Street							
				As of the o	date vou file. the cla	im is: Check all that apply.			
				☐ Conting		on one on an anat apply.			
	City	State ZI	IP Code	Unliqui	·				
	Who incur	rred the debt? Check o	one.	☐ Dispute	ed				
	☐ Debtor			Type of PF	RIORITY unsecured	claim:			
	☐ Debtor	•			tic support obligations				
		1 and Debtor 2 only				ts you owe the government			
		t one of the debtors and	d another			injury while you were intoxica	ated		
		if this claim is for a unity debt					•		

☐ No☐ Yes

Is the claim subject to offset?

Debtor	r 1	Keith	Everett	Beber Case number (if known)						
Debtor	2	Danielle	Rene	Bek	per					
		First Name	Middle Name	Last	Name					
Do	mt 2.	List All of Vo	NONDDIODITY II.		d Claimea					
	rt 2:		ur NONPRIORITY Ur							
l .			onpriority unsecured cl	•	•					
	Yes	ou nave notning t	o report in this part. Sub	mit this to	rm to the court wit	n your otner scheal	uies.			
r	nonpriori included	ty unsecured clair in Part 1. If more	n, list the creditor separa	tely for ea	ach claim. For eacl	h claim listed, ident	ify wha	at type	of claim	creditor has more than one it is. Do not list claims already an three nonpriority unsecured
										Total claim
4.1	AMERIO	COLLECT			Last 4 digits of	account number	9	0	1 9	\$1,485.00
	Nonpriority Creditor's Name			When was the	dobt incurred?		10/14	/2021		
	1851 S ALVERNO ROAD			when was the t	debt incurred?		10/14	/2021	-	
	Number Street									
				As of the date y	ou file, the claim	is: Che	eck all	that appl	ly.	
	MANITO	OWOC, WI 54221			Contingent					
	City State ZIP Code				Unliquidated					
	\//h = !m=	curred the debt?	Charlena		Disputed					
	_		Check one.		Type of NONPR	IORITY unsecured	d clain	n:		
	Debtor 1 only				☐ Student loan					
	☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only						aration	agree	ment or	divorce that you did not report as
		east one of the del	•		priority claims					
	_		for a community debt		☐ Debts to per☑ Other. Speci	ision or profit-sharir fy	ng plan	ns, and	other sir	milar debts
	Is the cl	laim subject to o	ffset?							
	√ No	-								
	Yes									
	Remark	s: GOSHEN HOS	SPITAL							
4.2	AMERIO	COLLECT INC			Last 4 digits of	account number	9	2	4 9	\$2,324.00
	Nonprior	rity Creditor's Nam	ie							
	РО ВО	X 1566			When was the	debt incurred?		6/23/	2020	_
	Number	Street								
					As of the date y	ou file, the claim	is: Che	eck all	that appl	ly.
	MANITO	OWOC, WI 54221			Contingent					
	City		tate ZI	P Code	Unliquidated					
	•			. 0000	Disputed					
	Who inc	curred the debt?	Check one.		Type of NONDE	IORITY unsecured	d alain			
	_	tor 1 only			☐ Student loan		u ciaill			
		tor 2 only					aration	agrac	mont or	divorce that you did not report as
		tor 1 and Debtor 2	•		priority claim		arallUff	ayıee	ment of (aivorce that you did not report as
		ast one of the del				ision or profit-sharir	ng plan	ns, and	other sir	milar debts
	☐ Che	CK IT this claim is	for a community debt			fy CollectionAttorr				
	Is the cl	aim subject to o	ffset?							
	√ No	-								
	☐ Yes									

Debtor 1	Keith	Everett	Beber	Case number (if known)					
Debtor 2	Danielle	Rene	Beber	r					
	First Name	Middle Name	Last N	ame					
Part 2:	Your NONPRIC	ORITY Unsecured C	laims — C	ontinuation Page					
After listing	g any entries on this	s page, number them b	peginning v	with 4.4, followed by 4.5, and so fo	orth.			To	otal claim
4.3 AMEI	RICOLLECT INC		ı	Last 4 digits of account number	8	1	4 7		\$1,854.00
Nonpr	riority Creditor's Name)		-				-	
PO B	BOX 1566		'	When was the debt incurred?		11/30)/2021		
Numb									
			1	As of the date you file, the claim i	i s: Che	ck all	that app	ply.	
MANI	ITOWOC, WI 54221		[☐ Contingent					
City		ate ZII	P Code	Unliquidated					
			. 5545	☐ Disputed					
	incurred the debt?	Check one.	-	Type of NONPRIORITY unsecured	l claim				
_	ebtor 1 only			Student loans	. Olaiii				
	ebtor 2 only ebtor 1 and Debtor 2	- m l		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 					
	t least one of the debt	•							000.1.00
		for a community debt							
	neck ii tilis cialili is	ior a community debt	E	✓ Other. Specify CollectionAttorn	iey			<u></u>	
Is the	claim subject to of	fset?							
√ No	0								
☐ Ye	es								
4.4 AMEI	RICOLLECT INC		ı	Last 4 digits of account number	7	4	8 1		\$1,472.00
Nonpr	riority Creditor's Name)					·	_	
РО В	3OX 1566		'	When was the debt incurred?		4/27	/2023	<u> </u>	
Numb	er Street								
			1	As of the date you file, the claim i	i s: Che	ck all	that app	ply.	
MAN	ITOWOC, WI 54221		[Contingent					
City	,	ate ZII	P COOR	☐ Unliquidated☐ Disputed					
Who i	incurred the debt?	Check one.		■ Disputed					
1 De	ebtor 1 only		7	Type of NONPRIORITY unsecured	d claim):			

✓ No ☐ Yes

Debtor 2 only

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and anotherCheck if this claim is for a community debt

☐ Student loans

☑ Other. Specify CollectionAttorney

☐ Obligations arising out of a separation agreement or divorce that you did not report as

priority claims

Debts to pension or profit-sharing plans, and other similar debts

Debto	r 1 Keit	h Ev	erett B	eber	Case number (if known)				
Debto	r 2 Dan i	ielle Re	ene B	eber					
	First	Name Mic	ldle Name La	st Name	_				
Do	rt 2: You	· NONDDIODITY I	Incomunad Claims	Continuation Rose					
Pa	104 You	NONPRIORITY	Insecured Claims	 Continuation Page 					
After	listing any en	tries on this page, n	number them beginni	ng with 4.4, followed by	4.5, and so forth.	Total claim			
4.5	AMERICOLLE	ECT INC		Last 4 digits of acco	unt number <u>9 0 7 3</u>	\$610.00			
	Nonpriority Cre	ditor's Name		— When was the debt i	ncurred? 8/13/2020				
	PO BOX 1566	<u> </u>		when was the debt i	6/13/2020				
	Number	Street							
				_	e, the claim is: Check all that apply.				
	MANITOWOC	, WI 54221		Contingent					
	City	State	ZIP Code	UnliquidatedDisputed					
	Who incurred	the debt? Check on	e.	Disputed					
	Debtor 1 only		Type of NONPRIORITY unsecured claim:						
	☑ Debtor 2 or	nly		☐ Student loans					
	Debtor 1 ar	nd Debtor 2 only		 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CollectionAttorney 					
	☐ At least on	e of the debtors and a	another						
	☐ Check if the	nis claim is for a cor	mmunity debt						
	Is the claim su	ubject to offset?		· / -					
	☑ No	•							
	☐ Yes								
4.6	Beacon Health	n Svstems		Last 4 digits of acco	unt number 3 2 4 8	\$1,250.75			
	Nonpriority Cre			_					
	615 N Michiga	ın St		When was the debt i	ncurred? 05/23/2023				
	Number	Street		_					
				As of the date you fi	e, the claim is: Check all that apply.				
	South Bend, II	N 46601		Contingent					
	City	State	ZIP Code	Unliquidated					
	Who incurred	the debt? Check on	e.	Disputed					
	Debtor 1 or		~ .	Type of NONPRIORI	TY unsecured claim:				

☐ Student loans

☑ Other. Specify medical bill

 $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as

priority claims

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and anotherCheck if this claim is for a community debt

Debtor 1	Keith	Everett	Beber	Case number (if known)			
Debtor 2			Beber				
			Last Nam				
Part 2:	Your NONPRI	ORITY Unsecured Cla	nims — Con	tion Page			
After listin	g any entries on thi	s page, number them be	ginning witl	ollowed by 4.5, and so forth.			
4.7 CAF	ITAL ONE		Las	gits of account number <u>5 2 2 1</u> \$415.00			
<u>PO l</u>	Nonpriority Creditor's Name PO BOX 31293 Number Street		W h	s the debt incurred? 6/11/2014			
Nulli	dei Sileei		As	date you file, the claim is: Check all that apply.			
SAL	T LAKE CITY, UT 841	31	_	gent			
City	St	tate ZIP	Code \Box	idated red			
Who	incurred the debt?	Check one.	_				
	ebtor 1 only			ONPRIORITY unsecured claim:			
☑ [ebtor 2 only		_	nt loans			
_	ebtor 1 and Debtor 2	•		tions arising out of a separation agreement or divorce that you did not report as			
	t least one of the deb	tors and another		to pension or profit-sharing plans, and other similar debts			
Check if this claim is for a community debt			✓ Other. Specify CreditCard				

4.8 CAPITAL O	NE		Last 4 digits of account number 3 5 6 1 \$371.0				
Nonpriority C	Creditor's Name						
PO BOX 31	293		When was the debt incurred? 10/7/2021				
Number	Street						
			As of the date you file, the claim is: Check all that apply.				
SALT LAKE	: CITY, UT 84131		Contingent				
City	State	ZIP Code	□ Unliquidated □ Disputed				
Who incurre	ed the debt? Check one.						
✓ Debtor 1	only		Type of NONPRIORITY unsecured claim:				
Debtor 2	? only		☐ Student loans				
Debtor 1	and Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as				
At least of	one of the debtors and another		priority claims Debts to pension or profit-sharing plans, and other similar debts				
☐ Check if	f this claim is for a community d	lebt	 ☑ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify <u>CreditCard</u> 				
Is the claim	subject to offset?						
√ No							
☐ Yes							

☐ Yes

Debtor 1	Keith	Everett	Beber		Case number (if known)					
Debtor 2	Danielle	Rene	Beber							
	First Name	Middle Name	Last Nam	ne						
	-		_							
Part 2:	Your NONPRIC	ORITY Unsecured Clai	ms — Con	ntinuation Page						_
After listing	g any entries on this	s page, number them beg	inning with	h 4.4, followed by 4.5, a	nd so fo	rth.			Total clain	า
4.9 CAPI	TAL ONE		Las	st 4 digits of account n	umber	6	8 0	9	\$331.0	00
Nonpr	onpriority Creditor's Name			<u> </u>						
PO B	OX 31293		vvn	nen was the debt incurr	ea?		7/18/2023	<u> </u>		
Numb	er Street									
				As of the date you file, the claim is: Check all that apply.						
SALT	LAKE CITY, UT 841	31		Contingent						
City	St	ate ZIP C	ode	Unliquidated Disputed						
Who i	incurred the debt?	Check one.	_	Disputed						
√ D∈	☑ Debtor 1 only ☐ Debtor 2 only			Type of NONPRIORITY unsecured claim: ☐ Student loans						
☐ De	ebtor 1 and Debtor 2	only			of a sepa	ration a	greemen	t or divorce	that you did not report as	
☐ At	least one of the deb	tors and another		priority claims Debts to pension or profit-sharing plans, and other similar debts						
☐ CI	☐ Check if this claim is for a community debt			✓ Other. Specify CreditCard						
Is the	claim subject to of	fset?		. ,						
☑ No	•									
☐ Ye	es									
4.10 COM	ENITYCAPITAL/DEL	 _L	Las	st 4 digits of account n	umber	1	3 9	0	\$3,786.0	00
Nonpr	Nonpriority Creditor's Name PO BOX 182120			<u> </u>						
PO B				When was the debt incurred? 8/8/2016						
Numb	er Street									
				of the date you file, the	e claim is	s: Chec	k all that	apply.		
COLU	JMBUS, OH 43218			Contingent						
City	St	ate ZIP C	ode	Unliquidated Disputed						
Who i	ncurred the debt? Check one.		_	Pisharea						
√ D∈	Debtor 1 only			Type of NONPRIORITY unsecured claim:						

☐ Student loans

☑ Other. Specify ChargeAccount

☐ Obligations arising out of a separation agreement or divorce that you did not report as

priority claims

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and anotherCheck if this claim is for a community debt

Debtor 1	Keith	Everett	Beber	Case number (if known)
Debtor 2	Danielle	Rene	Beber	
	First Name	Middle Name	Last Name	

Pa	Your NONPRIORITY Unsecured Claims —	Continuation Page					
Afte	r listing any entries on this page, number them beginninຸ	g with 4.4, followed by 4.5, and so forth.	Total claim				
4.11	CREDIT SERVICE INTERNATIONAL	Last 4 digits of account number	\$1,997.00				
	Nonpriority Creditor's Name	<u> </u>					
	c/o Slovin & Associates Co. LPA	When was the debt incurred?					
	2060 Reading Road, Ste. 420	-					
	Number Street	 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed 					
	Cincinnati, OH 45202						
	City State ZIP Code						
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans					
	☐ Debtor 1 only						
	Debtor 2 only						
	☑ Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did n priority claims 	ot report as				
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐UDGMENT					
	☑ No						
	☐ Yes						
4.12	CREDIT SERVICE INTL CO	Last 4 digits of account number 5 5 4 A	\$927.00				
	Nonpriority Creditor's Name						
	512 2ND ST STE 6	When was the debt incurred? 8/29/2023					
	Number Street						
		As of the date you file, the claim is: Check all that apply.					
	HUDSON, WI 54016	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims 					
	City State ZIP Code						
	,						
	Who incurred the debt? Check one.						
	Debtor 1 only						
	Debtor 2 only						
	Debtor 1 and Debtor 2 only						
	At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Check if this claim is for a community debt	☑ Other. Specify CollectionAttorney					
	Is the claim subject to offset?						
	☑ No						
	☐ Yes						

Remarks: FAIRHAVEN

Debtor 1	Keith	Everett	Bel	ber	Case nu	mber (if known)			
Debtor 2	Danielle	Danielle Rene Be		ber					
	First Name	Middle Name	Las	t Name					
Part 2	Your NONPRI	ORITY Unsecured C	laims –	· Continuation Pag	е				
After lis	ting any entries on thi	s page, number them b	eginnin	g with 4.4, followed I	y 4.5, and so f	orth.	Total claim		
4.13 D	EPT OF ED/AIDVANTAG	GE		Last 4 digits of ac	ount number	0 1 3 0	\$65,291.00		
No	onpriority Creditor's Name	е		\ \A/ban \a tha dab	4 ima	7/25/2042			
16	000 TYSON BOULEVAR	RD, ST		When was the deb	t incurred?	7/25/2013			
Nu	imber Street								
_					file, the claim	is: Check all that apply.			
М	CLEAN, VA 75403			Contingent					
Cit	sy St	ate ZIF	Code	Unliquidated Disputed					
WI	no incurred the debt?	Check one.		□ Disputed					
√	Debtor 1 only		Type of NONPRIORITY unsecured claim: ☑ Student loans						
	Debtor 2 only								
	Debtor 1 and Debtor 2	only		☐ Obligations arising out of a separation agreement or divorce that you did not report as					
☐ At least one of the debtors and another			priority claims Debts to pension or profit-sharing plans, and other similar debts						
	Check if this claim is	for a community debt		Other. Specify					
Is	the claim subject to of								
	No								
	Yes								
4.14 D	r. Neha Batra			Last 4 digits of ac	ount number	7 3 3 9	\$91.04		
No	onpriority Creditor's Name	е		``````````````````````````````	. : 10	0/40/0000			
18	352 ashburn rd			When was the deb	t incurred?	8/18/2023			
Nu	Number Street								
					file, the claim	is: Check all that apply.			
go	shen, IN 46526		Contingent						
Cit	· · · · · · · · · · · · · · · · · · ·	ate ZIF	Code	Unliquidated					
W	no incurred the debt?	Check one		Disputed					
	Debtor 1 only			Type of NONPRIO	RITY unsecured	d claim:			
Debtor 1 only			☐ Student loans						

☑ Other. Specify medical bill

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

☑ No ☐ Yes

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

 $\hfill \square$ At least one of the debtors and another ☐ Check if this claim is for a community debt

Debtor 1	Keith	Everett	Beber	Case nu	mber	(if known)	
ebtor 2	Danielle	Rene	Beber					
	First Name	Middle Name	Last Name					
	-			_				
Part 2:	Your NONPRI	DRITY Unsecured Cl	aims — Continuation	Page				
After listing	g any entries on this	s page, number them b	eginning with 4.4, follow	ved by 4.5, and so fe	orth.			Total claim
4.15 Elite	Emergency Physicia	าร	Last 4 digits o	f account number	р	i	1 0	\$392.50
Nonpi	riority Creditor's Name	9	\A/II	dalid in a			<u> </u>	
po bo	ox 1259 dept 165956		wnen was the	debt incurred?		05/26/	2023	
Numb	er Street							
				you file, the claim i	s: Ch	eck all t	hat apply.	
oaks.	, PA 19456		☐ Contingent					
City	St	ate ZIP	Code Unliquidate	ed .				
Who	incurred the debt?	Check one	☐ Disputed					
_	ebtor 1 only	5.1.5 S. C. C. C.	Type of NONP	RIORITY unsecured	l clain	n:		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			ins				
				• .	aration	agreen	nent or divorce t	hat you did not report as
				ms		الممما		-1-
☐ C	heck if this claim is	for a community debt	_	ension or profit-sharir cify medical bill	ig piar	is, and	other similar det	JIS
lo the	alaim aubiaat ta af	fant?	G Other. Spec	tily <u>medical bili</u>			_	
Is the ☑ N	claim subject to of	rset?						
121 No								
								
4.16 Elite	Emergency Physicia	าร	Last 4 digits o	f account number	7	0 !	9 2	\$436.47
Nonpi	riority Creditor's Name	9	When was the	debt incurred?		11/29/	2022	
	east blvd			dest mourred.		11/20/	2022	
Numb	er Street							
				you file, the claim i	s: Ch	eck all t	hat apply.	
elkha	art, IN 46514		☐ Contingent					
City	St	ate ZIP	Code Unliquidate Disputed	d				
Who	incurred the debt?	Check one.	☐ Disputed					
□ D	ebtor 1 only		Type of NONP	RIORITY unsecured	l clain	n:		
	ebtor 2 only		☐ Student loa	ins				
	ebtor 1 and Debtor 2	only			aration	agreen	nent or divorce t	hat you did not report as
☐ At	least one of the deb	tors and another	priority clair		- مام س		othor oireilar del	ato.
	hack if this claim is	for a community debt	Depts to pe	ension or profit-sharir	ıg pıar	is, and	omer similar det	ภร

☑ Other. Specify medical bill

 $\hfill \square$ At least one of the debtors and another ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☑ No ☐ Yes

Debtor 1	Keith	Everett	Bel	ber	Case number (if know	wn)	
Debtor 2	Danielle	Rene	Bel	ber	Case Hamber (# Niles	,	
	First Name	Middle Name	Last	t Name			
Part 2:	Your NONPRIC	ORITY Unsecured C	laims –	- Continuation Pag	e		
After listin	g any entries on this	s page, number them b	eginnin	g with 4.4, followed b	y 4.5, and so forth.		Total claim
4.17 Elkha	art Community Schoo	ls		Last 4 digits of acc	ount number 4 6	9 1	\$344.50
Nonp	riority Creditor's Name	9					
2720	California Rd			When was the debt	incurred? 05/2	5/2023	
Numb	oer Street						
					file, the claim is: Check al	I that apply.	
Elkha	art, IN 46514			Contingent			
City	Sta	ate ZIF	Code	Unliquidated			
Who	incurred the debt? (heck one		Disputed			
	ebtor 1 only	Shook one.		Type of NONPRIOR	RITY unsecured claim:		
	ebtor 2 only			✓ Student loans			
_	ebtor 1 and Debtor 2	only		Obligations arisi	ng out of a separation agree	ement or divorce that	you did not report as
	t least one of the debt	-		priority claims		d -46	
☐ c	heck if this claim is	for a community debt		Debts to pensionOther. Specify	n or profit-sharing plans, and	d other similar debts	
Is the	claim subject to off	fset?		· · -			
√ N	•						
☐ Ye							
4.18 Fairh	aven Obstetrics & Gy	rnecology		Last 4 digits of acc	ount number 5 5	<u>4 a</u>	unknown
Nonp	riority Creditor's Name	•		When was the debt	inourrod2 1/17	7/2022	
1111	_1111 Lighthouse Ln				incurred? 1/17	7/2023	
Numb	oer Street						
					file, the claim is: Check al	I that apply.	
Gosh	nen, IN 46526			Contingent			
City	Sta	ate ZIF	² Code	UnliquidatedDisputed			
Who	incurred the debt?	Check one.		ש Disputed			
□ D	ebtor 1 only			Type of NONPRIOR	RITY unsecured claim:		
	ebtor 2 only			Student loans			

☑ Other. Specify medical bill

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

✓ No ☐ Yes

Debto	r 1 <u> </u>	Keith	Everett	Bel	ber	Case nu	umber (if known)				
Debto	r 2 [Danielle	Rene	Bel	ber						
	F	irst Name	Middle Name	Las	t Name						
Pa	rt 2: Y	our NONPRI	ORITY Unsecured C	laims –	· Continuation Page						
After	r listing any	entries on thi	s page, number them b	eginnin	g with 4.4, followed by	4.5, and so f	forth.	Т	otal claim		
4.19	Goshen H	ome Medical			Last 4 digits of acco	unt number	1 7 9 3		\$75.34		
	Nonpriority	Creditor's Name	е		When was the debt i	ncurred?	07/19/2023	<u>-</u>			
	Number	Street			•						
						e, the claim	is: Check all that apply	<i>.</i>			
	Goshen, II	N 46526			☐ Contingent						
	City	St	ate ZIF	Code	Unliquidated Disputed						
	Who incur	red the debt?	Check one.		·						
	☐ Debtor	1 only			Type of NONPRIORI	Y unsecure	ed claim:				
	Debtor 2 only				☐ Student loans						
	☑ Debtor	1 and Debtor 2	only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical bill 						
	☐ At leas	t one of the deb	tors and another								
	☐ Check	if this claim is	for a community debt								
	Is the clair	n subject to of	fset?		_						
	√ No										
	☐ Yes										
4.20	Goshen H	ospital			Last 4 digits of acco	unt number	2 8 8 0	_	unknown		
	Nonpriority	Creditor's Name	е				44/0/0040	_			
	200 high p	ark ave			When was the debt i	ncurrea?	11/6/2019	_			
	Number	Street									
					As of the date you fi	e, the claim	is: Check all that apply	<i>1</i> .			
	goshen, IN	l 46526			Contingent						
	City		tate ZIF	Code	Unliquidated						
	Who incur	red the debt?	Check one		Disputed						
	☐ Debtor				Type of NONPRIORI	Y unsecure	ed claim:				

☐ Student loans

☑ Other. Specify medical bill

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1	Keith	Everett	Beb	er	Case number (if known)			
Debtor 2	Danielle	Rene	Beb	er				
	First Name	Middle Name	Last	Name	<u> </u>			
Part 2	Your NONPRI	ORITY Unsecured Cla	ims –	Continuation Page				
After lis	ting any entries on thi	is page, number them beg	ginning	with 4.4, followed by	4.5, and so forth.	Total claim		
4.21 G	oshen Physicans			Last 4 digits of acco	unt number 0 5 6 5	\$862.20		
	onpriority Creditor's Nam	e		•				
рс	box 834			When was the debt i	ncurred? 6/8/2023			
Nu	ımber Street							
				As of the date you fi	le, the claim is: Check all that apply.			
go	oshen, IN 46527			Contingent				
Cit		tate ZIP 0	Code	Unliquidated				
WI	no incurred the debt?	Check one		Disputed				
	Debtor 1 only	Chicon chich		Type of NONPRIORI	ΓY unsecured claim:			
	Debtor 2 only			Student loans				
$\overline{\Delta}$	Debtor 1 and Debtor 2	only			out of a separation agreement or divorce th	at you did not report as		
	At least one of the deb	otors and another		priority claims Debts to pension	or profit-sharing plans, and other similar debt	S		
	Check if this claim is	for a community debt		✓ Other. Specify medical bill				
Is	the claim subject to of	ffset?		· · · -				
	No							
	Yes							
4.22 _G	oshen Physicans			Last 4 digits of acco	unt number 0 5 6 5	\$807.20		
	onpriority Creditor's Nam	е	,	•				
рс	box 834			When was the debt i	ncurred? 6/8/2023			
Nu	ımber Street							
_				· ·	le, the claim is: Check all that apply.			
G	oshen, IN 46527			Contingent				
Cit	sy Si	tate ZIP 0	Code	Unliquidated				
WI	no incurred the debt?	Check one.		☐ Disputed				
	Debtor 1 only			Type of NONPRIORI	ΓY unsecured claim:			

☐ Student loans

☑ Other. Specify medical bill

 $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as

priority claims

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1	Keith	Everett	Beb	Case number (if known)	
Debtor 2	Danielle	Rene	Beb	er	
	First Name	Middle Name	Last	Name	
Part 2:	Your NONPRI	ORITY Unsecured Ci	aims –	Continuation Page	
After listin	ng any entries on thi	s page, number them b	eginning	with 4.4, followed by 4.5, and so forth.	Total claim
4.23 HYL	JNDAI CAPITAL AME	RIC		Last 4 digits of account number 6 9 8 0	\$2,903.00
Non	oriority Creditor's Name	е		When we the debt incomed 2	
400	MACARTHUR BLV) STE		When was the debt incurred? 3/26/2016	
Num	ber Street				
				As of the date you file, the claim is: Check all that apply.	
NEV	VPORT BEACH, CA	92660		Contingent	
City	St	ate ZIF	Code	☐ Unliquidated ☐ Disputed	
Who	incurred the debt?	Check one.		☐ Disputed	
1	Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	Debtor 2 only			☐ Student loans	
	Debtor 1 and Debtor 2	only		Obligations arising out of a separation agreement or divorce that	you did not report as
	At least one of the deb	tors and another		priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is	for a community debt		✓ Other. Specify AutoLease	
ls th	e claim subject to of	fset?			
1	•				
	′es				
4.24 INT	ERRA CREDIT UNIO	NI		Last 4 digits of account number 0 3 0 5	\$1,305.00
	priority Creditor's Name				Ψ1,000.00
	W LINCOLN AVE			When was the debt incurred? 7/22/2023	
Num					
				As of the date you file, the claim is: Check all that apply.	
GOS	SHEN, IN 46526			☐ Contingent	
City	· · · · · · · · · · · · · · · · · · ·	tate ZIF	Code	Unliquidated	
_	incurred the debt?			☐ Disputed	
		спеск опе.		Type of NONPRIORITY unsecured claim:	
	Debtor 1 only			☐ Student loans	

☑ Other. Specify Unsecured

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

☑ Debtor 2 only

☑ No ☐ Yes

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1	_ Keith	Everett	Beber	Case number (if known)					
Debtor 2	Danielle	Rene	Beber						
	First Name	Middle Name	Last Name						
Part 2:	Your NONPRI	ORITY Unsecured Cl	aims — Continuat	ion Page					
After listing	g any entries on thi	s page, number them b	eginning with 4.4, fo	llowed by 4.5, and so forth.	Total claim				
4.25 JEFF	ERSON CAPITAL S	YST	Last 4 digi	its of account number 1 1 8 5	\$932.00				
Nonpr	Nonpriority Creditor's Name 16 MCLELAND RD			When was the debt incurred? 12/11/2019					
16 M				the dept incurred? 12/11/2019					
Numb	er Street								
			As of the o	date you file, the claim is: Check all that apply.					
SAIN	T CLOUD, MN 5630	3	☐ Conting	gent					
City	· · · · · · · · · · · · · · · · · · ·		Code Unliqui	dated					
•		01 1	☐ Dispute	ed .					
	incurred the debt?	Check one.	Type of NO	ONPRIORITY unsecured claim:					
_	ebtor 1 only								
	☐ Debtor 2 only			☐ Student loans					
	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
_	least one of the deb		_ ' '	Debts to pension or profit-sharing plans, and other similar debts					
⊔ CI	neck if this claim is	for a community debt	✓ Other. :	☑ Other. Specify FactoringCompanyAccount					

JEFFERSON	CAPITAL SYST		Last 4 digits of account number 6 3 4 1 \$547.0					
Nonpriority Cre 16 MCLELAN			When was the debt incurred? 10/20/2022					
Number	Street							
			As of the date you file, the claim is: Check all that apply.					
SAINT CLOUD, MN 56303			Contingent					
City	State	ZIP Code	□ Unliquidated □ Disputed					
Who incurred	the debt? Check one.							
Debtor 1 c	nly		Type of NONPRIORITY unsecured claim:					
☑ Debtor 2 d	nly		☐ Student loans					
	nd Debtor 2 only		☐ Obligations arising out of a separation agreement or divorce that you did not report as					
	e of the debtors and anothe	r	priority claims					
☐ Check if this claim is for a community debt			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify FactoringCompanyAccount					

☐ Yes

Remarks: FORTIVA

Is the claim subject to offset?

☑ No

Debtor 1	1 Keith	Everett	Beber	Case number (if known)					
Debtor 2	2 Danielle	Rene	Beber						
	First Name	Middle Name	Last Name						
	YNOND	DIODITY II		P					
Part	Your NONP	RIORITY Unsecured Cla	aims — Continua	on Page					
After I	isting any entries on	this page, number them be	ginning with 4.4, f	lowed by 4.5, and so forth.	laim				
4.27	Kevin Housman		Last 4 dig	s of account number 7 3 3 9 \$3	374.07				
N	Nonpriority Creditor's Na	ame		40/40/0000					
_	1953 waterfall dr		wnen was	the debt incurred? 10/13/2023					
N	Number Stre	et							
_				ate you file, the claim is: Check all that apply.					
<u></u>	nappanee, IN 46550		Contin						
	City	State ZIP	Code Unliqu						
v	Who incurred the deb	t? Check one.	☐ Disput	u					
	Debtor 1 only		Type of N	NPRIORITY unsecured claim:					
	Debtor 2 only			loans					
5	✓ Debtor 1 and Debto	or 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 					
	At least one of the o	debtors and another							
	☐ Check if this claim	is for a community debt		Specify medical bill					
ls	s the claim subject to	offset?		· · · · · · · · · · · · · · · · · · ·					
	∡ No								
	Yes								
4.28	KINUM		Last 4 dig	ss of account number 4 0 1 1 \$1	141.00				
<u> </u>	Nonpriority Creditor's Na	ame							
_	770 LYNNHAVEN PAR	KWAY	When was	the debt incurred? 7/7/2023					
N	Number Stre	et							
_			As of the	ate you file, the claim is: Check all that apply.					
,	VIRGINIA BEACH, VA	23452	Contin						
_	City		Code Unliqu						
V	Who incurred the deb	t? Check one	☐ Disput	d					
_	Debtor 1 only	CI CHOOK ONG.	Type of N	NPRIORITY unsecured claim:					

☐ Student loans

☑ Other. Specify _

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as

priority claims

Debts to pension or profit-sharing plans, and other similar debts

☑ Debtor 2 only

✓ No ☐ Yes

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and anotherCheck if this claim is for a community debt

Remarks: ELKHART COMMUNITY SCHOOLS

Debtor 1	Keith	Everett	Beb	er	Case nur	nber (if known)			
Debtor 2	Danielle	Rene	Beb	er					
	First Name	Middle Name	Last	Name					
Part 2:	Your NONDRI	ORITY Unsecured CI	aims	Continuation Boso					
	g any entries on thi	s page, number them be	eginning	with 4.4, followed by 4.5	, and so fo	rth.	Total claim		
4.29 KINU	M			Last 4 digits of account	number	1 6 8 8	\$119.00		
Nonpr	riority Creditor's Name	е		When was the debt incu	irrod2	7/28/2022			
770 L	YNNHAVEN PARKV	VAY		Wileli was the debt inct	iiieu:	1/20/2022			
Numb	er Street								
				As of the date you file, t	he claim is	s: Check all that apply.			
VIRG	SINIA BEACH, VA 23	452		Contingent					
City	St	tate ZIP	Code	☐ Unliquidated☐ Disputed					
Who i	incurred the debt?	Check one.		☐ Disputed					
	ebtor 1 only			Type of NONPRIORITY	unsecured	claim:			
	ebtor 2 only			Student loans					
☐ De	ebtor 1 and Debtor 2	only		 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify 					
☐ At	least one of the deb	tors and another							
☐ CI	heck if this claim is	for a community debt							
Is the	claim subject to of	fset?		. ,					
2 1 No	•								
☐ Ye									
4.30 KINU	IN A			Last 4 digits of account	numbor	0 7 4 0	\$84.00		
	riority Creditor's Name	 е		Last 4 digits of account	number	0 7 4 9	<u> </u>		
	YNNHAVEN PARKV			When was the debt incu	ırred?	7/29/2021			
Numb		V/(1							
				As of the date you file, t	he claim is	: Check all that apply.			
VIDO	INIA DEACH MA 22	450		☐ Contingent					
City	SINIA BEACH, VA 23		Code	Unliquidated					
_			Jude	Disputed					
Who	incurred the debt?	Check one.		Type of NONPRIORITY	ineocurod	claim:			
_	ebtor 1 only				unsecurea	Ciaiiii.			
√ D∈	ebtor 2 only			Student loans					

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

✓ No ☐ Yes

At least one of the debtors and anotherCheck if this claim is for a community debt

☑ Other. Specify _

Debtor 1	Keith	Everett	Beber	Case number (if known)						
Debtor 2	Danielle	Rene	Beber							
	First Name	Middle Name	Last Name							
Part 2:	Your NONPRI	ORITY Unsecured Clair	ms — Continua	tion Page						
After listin	g any entries on thi	s page, number them begi	inning with 4.4,	ollowed by 4.5, and so forth. Total claim						
4.31 Kristi	ina Jackowiak		Last 4 di	gits of account number 7 3 3 9 \$132.39						
	riority Creditor's Name	e		<u> </u>						
2832	elkhart rd		When wa	s the debt incurred? 8/18/2023						
Numb										
			As of the	date you file, the claim is: Check all that apply.						
gosh	goshen, IN 46526			Contingent						
City		ate ZIP C	ode .	□ Unliquidated						
,			☐ Dispu	ted						
	incurred the debt?	Check one.	Type of N	ONPRIORITY unsecured claim:						
	ebtor 1 only		☐ Stude							
	ebtor 2 only			ations arising out of a separation agreement or divorce that you did not report as						
_	ebtor 1 and Debtor 2 t least one of the deb	•		γ claims						
		for a community debt		Debts to pension or profit-sharing plans, and other similar debts						
	neck ii this claim is	for a community dept	✓ Other	Specify medical bill						
Is the	e claim subject to of	fset?								
☑ N	0									
☐ Ye	es									
4.32 ONE	ADVANTAGE LLC		Last 4 di	gits of account number \$6,215.00						
Nonp	riority Creditor's Name	е								
Po B	ox 6200		wnen wa	s the debt incurred?						
Numb	oer Street									
				date you file, the claim is: Check all that apply.						
Sout	h Bend, IN 46660-62	00	☐ Conti							
City	St	ate ZIP C	ode Unliqu							
Who	incurred the debt?	Check one	☐ Dispu	ted						
	ebtor 1 only	Oncor one.	Type of N	ONPRIORITY unsecured claim:						
_	CDIOL LOLLIA									

☐ Student loans

☑ Other. Specify JUDGMENT

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor	1 Keith	n Ev	erett E	Beber	Case nui	mber (if kn	own)			
Debtor	2 Dani	elle Re	ne E	Beber						
	First I	Name Mid	dle Name La	ast Name						
Par	rt 2: Your	NONDRIGRITY	Insecured Claims	— Continuation Pag	•					
1.00		ries on this page, n	umber them beginn	ing with 4.4, followed b	-	orth.		Total claim		
	Radiology			Last 4 digits of acc	ount number	0 7	3 9	\$68.22		
	Nonpriority Cre	ditor's Name		When was the deb	incurred?	11/	03/2023			
	Po box 1258			— When was the deb	i ilicuirea :	- 117	03/2023			
	Number	Street								
				As of the date you	file, the claim i	s: Check	all that apply.			
	south bend, IN	46624		Contingent						
	City	State	ZIP Code	Unliquidated						
,	Who incurred	the debt? Check one	•	Disputed						
			₽.	Type of NONPRIOR	RITY unsecured	claim:				
	Debtor 1 only		☐ Student loans							
	Debtor 2 or	nd Debtor 2 only		☐ Obligations arising out of a separation agreement or divorce that you did not report as						
		e of the debtors and a	nother	priority claims	priority claims					
	_	is claim is for a con			☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify medical bill					
	ls the claim ຣເ	bject to offset?		•						
	√ No	•								
	☐ Yes									
4.34	St Joseph Mis	hawaka Med Center		Last 4 digits of acc	ount number	0 1	4 4	\$263.11		
	Nonpriority Cre	ditor's Name		-			- 			
	5215 holy cros	s pkwy		When was the deb	incurred?		14/2022			
	Number	Street								
				As of the date you	file, the claim i	s: Check	all that apply.			
•	mishawaka, IN	I 46545		Contingent						
	City	State	ZIP Code							
,	Who incurred	the debt? Check one	_	Disputed						
1			Α							

☐ Student loans

☑ Other. Specify medical bill

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

✓ No ☐ Yes

☑ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1	Keith	Everett Bo	Beber	Case number (if known)					
Debtor 2	Danielle	Rene	Beber						
	First Name	Middle Name	Last Name						
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation	Page					
After listing	any entries on thi	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so forth.	Total claim				
4.35 SYNC	B/PPC		Last 4 digits of	faccount number 8 1 7 2	\$377.00				
•	iority Creditor's Nam OX 530975	e	When was the	debt incurred? 7/24/2023					
Numbe	er Street			you file, the claim is: Check all that apply.					
ORLA	NDO, FL 32896		Contingent						
City	,			☐ Unliquidated ☐ Disputed					
Who i	ncurred the debt?	Check one.	,						
√ De	ebtor 1 only		Type of NONPI	RIORITY unsecured claim:					
☐ De	ebtor 2 only		Student loa	ns					
☐ De	ebtor 1 and Debtor 2	only	•	Obligations arising out of a separation agreement or divorce that you did not report as					
☐ At	least one of the deb	tors and another	priority clair						
☐ Ch	Check if this claim is for a community debt			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CreditCard					
Is the	claim subject to of	fset?							
√ No)								
☐ Ye	S								

Debtor 1	Keith	Everett	Be	ber	ase number (if known)		
Debtor 2	Danielle	Rene		ber	_ Case number (if known)		
Jebioi 2	First Name	Middle Nam		t Name			
		Wildale Hall	O 200	r ramo			
Part 3:	List Others to	Be Notified Al	out a Debt	That You Already Listed			
collect agency	tion agency is trying y here. Similarly, if y	g to collect from y you have more tha	ou for a debt an one credito	you owe to someone else, lis	that you already listed in Parts 1 or 2. For example, if a st the original creditor in Parts 1 or 2, then list the collection or listed in Parts 1 or 2, list the additional creditors here. If fill out or submit this page.		
1. IU Gos	shen Hospital			On which entry in Part 1 or	r Part 2 did you list the original creditor?		
Name	ala marile ave			Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
Numbe	gh park ave r Street			-	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
Number	i Sileet			Last 4 digits of account nu	ımber		
Goshe	n, IN 46526-0000			-			
City		State Z	IP Code	-			
2. GOSH	EN HOSPITAL			On which entry in Part 1 or	r Part 2 did you list the original creditor?		
Name				Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
PO BO				- or (officer offe).	☐ Part 2: Creditors with Nonpriority Unsecured Claims		
Numbe	r Street			Last 4 digits of account nu	ımber		
Cooks	- IN 40507 0400				<u> </u>		
City	n, IN 46527-0139	State Z	IP Code	_			
<u> </u>	N & ASSOCIATES C			On which entry in Port 1 or	r Part 2 did you list the original creditor?		
Name	N & ASSOCIATES C	OLIA		-	_		
2060 R	Reading Rd., Ste 420			Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
Numbe	r Street			-	1 art 2. Oreditors with Northholity Orisecured Olaims		
				Last 4 digits of account nu	ımber		
Cincinn	nati, OH 45202-0000			-			
City		State Z	IP Code				
	t Superior Court 2			On which entry in Part 1 or	r Part 2 did you list the original creditor?		
Name				Line 4.11 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
	NO. 20D02-2308-CC	2-001761		-	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
315 S. Numbe	SECOND ST r Street			Last 4 digits of account nu	ımber		
	t, IN 46516-0000			-			
City	, 114 700 10-0000	State Z	IP Code	-			
5. UNITE	D STATES ATTORN			On which entry in Part 1 or	r Part 2 did you list the original creditor?		
Name	2			<u>-</u>	☐ Part 1: Creditors with Priority Unsecured Claims		
5400 F	EDERAL PLAZA, SU	JITE 1500		Line 4.13 of (Check one):	✓ Part 2: Creditors with Priority Unsecured Claims		
Numbe	r Street			_			
				Last 4 digits of account nu	ımber		
Hamm	ond, IN 46320			-			
City		State Z	IP Code				
6. Busine	ss & Professional Se	ervices Inc		On which entry in Part 1 or	r Part 2 did you list the original creditor?		
Name				4.4.4	Deat 4: One distance with Delevity Harvey was differen		

308 South Main St

Goshen, IN 46526

State

ZIP Code

Number

City

Line 4.14 of (Check one):

Last 4 digits of account number

☐ Part 1: Creditors with Priority Unsecured Claims

☑ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1	Keith	Everett	Be	ber C	Case number (if known)		
Debtor 2	Danielle	Rene	Ве	ber			
	First Name	Middle Name	Las	t Name			
Part 3:	List Others to	o Be Notified Abou	it a Debt	That You Already Listed	- Additional Page		
7. Revco	Solutiona			On which entry in Part 1 o	r Part 2 did you list the original creditor?		
Name				Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
	(163279			- Of (Officer offe).	☑ Part 2: Creditors with Nonpriority Unsecured Claims		
Numbe	er Street						
				Last 4 digits of account nu	umber		
columb	bus, OH 43216			<u>-</u>			
City		State ZIP	Code				
8. Revco	Solutions			On which entry in Part 1 o	r Part 2 did you list the original creditor?		
Name	Name			- 1:no 4.16 of (Chook and).	☐ Part 1: Creditors with Priority Unsecured Claims		
PO bo	x 163279			Line 4.16 of (Check one):	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
Numbe	er Street						
				Last 4 digits of account nu	umber		
Colum	bus, OH 43216			_			
City		State ZIP	Code	_			
9. Credit	Service International	1		On which entry in Part 1 o	or Part 2 did you list the original creditor?		
Name				-	_		
630 S	Green Bay Rd Ste 3			Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
Numbe	r Street			-	Fait 2. Creditors with Nonphority offsecured Claims		
				Last 4 digits of account nu	umber		
Neena	ıh, WI 54956			_			
City		State ZIP	Code	-			
0. Slovin	& Associates			On which entry in Part 1 o	or Part 2 did you list the original creditor?		
Name	<u> </u>			-	_		
	Reading Rd			Line 4.20 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
Numbe				-	☑ Part 2: Creditors with Nonpriority Unsecured Claims		
				Last 4 digits of account nu	umber		
Cincin	nati, OH 45202			-			
City	1141, 011 70202	State ZIP	Code	-			
<u> </u>	0 D			On which are 1. D. 1.	a Book O did you that the paint 1 1 11 0		
Busine Name	ess & Professional Se	ervices		On which entry in Part 1 o	or Part 2 did you list the original creditor?		
	outh Main St			Line 4.27 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
308 50	outh Main St				Part 2: Craditors with Nappriority Upgagured Claims		

Number

Number

City

Goshen, IN 46526

306 South Main St

Goshen, IN 46526

Street

Business & Professional Services Inc

State

Last 4 digits of account number

Line 4.31 of (Check one):

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

ZIP Code

ZIP Code

☑ Part 2: Creditors with Nonpriority Unsecured Claims

☐ Part 1: Creditors with Priority Unsecured Claims

☑ Part 2: Creditors with Nonpriority Unsecured Claims

Deb	otor 1	Keith	Everett	Beber	с	ase number (if known)		
Deb	otor 2	Danielle	Rene	Beber				
		First Name	Middle Name	Last Name				
ŀ	Part 3:	List Others to	Be Notified Abou	ıt a Debt That You Alre	eady Listed -	Additional Page		
13.	Krisor & A	Associates		On which en	try in Part 1 or	Part 2 did you list the original creditor?		
	Name			Line 4.32 of	(Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
	PO Box 6			0	(OHECK OHE).	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
	Number	Street				, ,		
				Last 4 digits	of account nu	mber		
	South Ber	nd, IN 46660-0000)					
	City		State ZIP	Code				
-	Elkhart Su	uperior Court 6		On which en	try in Part 1 or	Part 2 did you list the original creditor?		
	Name			Line 4.32 of	(Check analy	☐ Part 1: Creditors with Priority Unsecured Claims		
	CASE NO	D. 20D06-2302-SC	-000379	Line 1.02 Of	(CHECK OHE):	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
	101 North	Main Street, # 20	14					
	Number	Street		Last 4 digits	of account nu	mber		
	Goshen, I	IN 46526-0000						
	City		State ZIP	Code				
15.	Revco So	lutions		On which en	try in Part 1 or	Part 2 did you list the original creditor?		
	Name	<u>, </u>		Lina 434 -4	(Charle ans):	☐ Part 1: Creditors with Priority Unsecured Claims		
	po box 16	3279		Line <u>4.34</u> of	(Спеск опе):	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
	Number	umber Street				, ,		
				Last 4 digits	Last 4 digits of account number			
	Columbus	s, OH 43216						
	City		State ZIP	Code				

Debtor 1 Keith Everett Beber Case number (if known)

Debtor 2 Danielle Rene Beber
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

					Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00
IIOIII Fait I	6b.	Taxes and certain other debts you owe the government	6b.		\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00
	6e.	Total. Add lines 6a through 6d.	6e.		\$0.00
Total claims	6f.				Total claim
Total claims from Part 2		0. 1. (1	01		#05.005.50
from Part 2	6g.	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		\$65,635.50 \$0.00
from Part 2					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	6g.	+	\$0.00

Fill in this information	n to identify your case:				
Debtor 1	Keith	Everett	Beber		
	First Name	Middle Name	Last Name		
Debtor 2	_Danielle	Rene	Beber		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	N	orthern District of Indiana		
Case number					☐ Check
(if known)					amer

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whor	n you ha	ve the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

Fill in	this inform	nation to identify yo	our case:			
Deb	tor 1	Keith	Everett	Beber		
		First Name	Middle Name	Last Name		
	tor 2	Danielle	Rene	Beber		
(Spo	use, if filing)	First Name	Middle Name	Last Name		
Unite	ed States I	Bankruptcy Court for	or the: North	District of	Indiana	
Case (if kn	e number own)					☐ Check if this is an
Offic	cial For	m 106H				<u> </u>
			ur Codebto	ors		12/15
filing t the en	ogether, b	ooth are equally re	esponsible for supplyi	ng correct information. If	f more space is needed, o	curate as possible. If two married people are copy the Additional Page, fill it out, and number Pages, write your name and case number (if
1.	Do you h ☑ No ☐ Yes	ave any codebtor	s? (If you are filing a joi	nt case, do not list either s	pouse as a codebtor.)	
2.	California No. G Yes. I	, Idaho, Louisiana, to to line 3. Did your spouse, fo	Nevada, New Mexico, ermer spouse, or legal e	Puerto Rico, Texas, Washi quivalent live with you at th	ngton, and Wisconsin.) ne time?	ename and current address of that person.
	N	ame of your spous	e, former spouse, or leg	gal equivalent	_	
	N	umber	Street		_	
	C	ity	State	ZIP Code	<u> </u>	
3.	2 again a	s a codebtor only	if that person is a gua	arantor or cosigner. Make	e sure you have listed the	s filing with you. List the person shown in line creditor on <i>Schedule D</i> (Official Form 106D), the E/F, or <i>Schedule G</i> to fill out Column 2.
	Column 1	: Your codebtor			Column 2: 1	The creditor to whom you owe the debt
					Check all so	chedules that apply:
3.1						
	Name					e D, line
	Number		Street		<u> </u>	e E/F, line
					Schedul	e G, line
	City		State		ZIP Code	
3.2	Nome				Schedul	e D, line
	Name					e E/F, line
	Number		Street		☐ Schedul	

ZIP Code

State

City

	l in this information to id	entify your c	ase:								
D	ebtor 1 K	eith	Everett B	eber							
	Fir	st Name	Middle Name La	st Name							
D	ebtor 2 D	anielle	Rene B	eber							
(S	Spouse, if filing) Fir	st Name	Middle Name La	st Name				Chec	ck if this is:		
U	nited States Bankruptcy	Court for th	e· Norther	n District of In	diana			ΔA	n amended filing	9	
		ocarrior in				_			supplement sho		
_	ase number known)							Cl	hapter 13 incom	e as of the	e following dat
	,							M	IM / DD / YYYY		
								.,	, 55, 1111		
<u>Of</u>	ficial Form 10	<u>61</u>									
Sa	chedule I: Y	our In	come								12/15
			ble. If two married people a								
info spo	rmation. If you are mar	ried and not ou, do not in	filing jointly, and your spo clude information about yo	use is living wi ur spouse. If n	ith yo nore s	u, include inforr pace is needed	mation al	bout you	r spouse. If you	are sepa	rated and you
add	itional pages, write you	ir name and	case number (if known). A	nswer every qı	uestio	n.					
Da	rt 1: Describe Emp	loumant									
Pa	rt 1: Describe Emp	поуттепт									
1.	Fill in your employme	ent									
	information.			Debtor	1				Debtor 2 or nor	n-filing sp	ouse
					$\overline{}$						
	If you have more than attach a separate page	•	Employment status	M Employe	d 🖵 N	lot Employed		V I	Employed \square No	t Employe	ed
	information about addi		Occupation	IT Technicar	า			Bill	of Materials Writ	ter	
	employers.										
	Include part time, seas	sonal, or	Employer's name	Winnebago	of Ind	ana		<u>Win</u>	nebago of India	na	
	self-employed work.		Employer's address	201 14th st				201	14th st		
	Occupation may include			Number Stre	et				mber Street		
	or homemaker, if it app	olies.									
								_			
				Middlebury,	INI 464	540		mid	dlebury IN 4654	10	
				City	111 40		o Code	Cit	dlebury, IN 4654 y	State	Zip Code
			How long employed there	e? 8 years				<u>3 y</u>	/ears		
Pa	art 2: Give Details A	About Mor	ithly Income								
	Estimate monthly incounless you are separa		e date you file this form. If	you have nothi	ng to	report for any lin	ne, write S	\$0 in the	space. Include y	our non-fi	ling spouse
	If you or your non-filing more space, attach a s		ve more than one employer, eet to this form.	combine the ir	nforma	ation for all empl	loyers for	that pers	son on the lines	below. If y	ou need
						For Deb	btor 1	For D	ebtor 2 or		
									iling spouse		
2	List monthly gross wa	ages, salarv	, and commissions (before	all payroll							
۲.			alculate what the monthly wa		2.	\$4,54	49.18		\$5,358.25		
2	Estimate and list man	thly overtim	o nav		2		# 0.00		# 2.22		
3.	Estimate and list mon	idiny overtim	ie µay.		3.	+	\$0.00	+	\$0.00		
										1	
4.	Calculate gross incon	ne. Add line	2 + line 3.		4.	\$4,54	49.18 l	1	\$5,358.25	I	

\$4,549.18

\$5,358.25

Debtor 1 Debtor 2 Keith Danielle Beber Beber **Everett** Rene First Name Middle Name

Last Name

Case number (if known)

			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$4,549.18	\$5,358.25	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$720.76	\$634.96	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$267.93	
	5d. Required repayments of retirement fund loans	5d.	\$91.13	\$94.16	
	5e. Insurance	5e.	\$487.50	\$238.29	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$81.25	+ \$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,380.64	\$1,235.35	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,168.53	\$4,122.91	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$208.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h. '	+ \$0.00	+ \$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$208.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse	10.	\$3,168.53	+ \$4,330.91	\$7,499.44
11.	State all other regular contributions to the expenses that you list in Scheo	dule J.			
	Include contributions from an unmarried partner, members of your household friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a				
	Specify:			_ 11. +	+ \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical			ncome. Write that	\$7,499.44
					Combined monthly income
13.	Do you expect an increase or decrease within the year after you file this for ✓ No. ☐ Yes. Explain:	orm?			

Debtor 1 First Name	Fi	II in this information	to identify your case	: :				
Debtor 2 Daniello Rene Beber An amended filing An amended fili		Debtor 1	Keith	Everett	Beber			
Deskird First Name Middle Name Last Name Las			First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: Case number (if brown) Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more papers les needed, state handlers have to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Port 1 Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes, Does Debtor 2 inve in a separate household? Yes, Debtor 2 must file Official Form 106J 2, Expenses for Separate Household of Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents? Do not state the dependents? names. Do not state the dependents? Annumber of the dependents? Schedule J: Yes, Debtor 2 must like Official Form 106J 2, Expenses for Separate Household of Debtor 2. Do not state the dependents and the dependents of the dependents of the dependents of the dependents. Do not state the dependents of the dependents of the dependents of the dependents of the dependents. Schedule J: Yes, Debtor 2 must file Official Form 106J 2, Expenses for Separate Household of Debtor 2. Do not state the dependents? Do not state the dependents? Do not state the dependents? Schedule J: Yes, Debtor 2 must file Official Form 106J 2. Expenses include expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included in the Schedule J Charles form 106J. The retail or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: A Real estate taxes 4a. Sponda	[Debtor 2	Danielle	Rene	Beber			•
Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, tatch another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 15 Describe Your Household 1. Is this a joint case? No. Go to line 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Do not state the dependents names. Child 11 No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. Child 11 No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. No. 1/4 vs. Child 11 No. 1/4 vs. No.	(Spouse, if filing)	First Name	Middle Name	Last Name			
Case number (in frown) Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Bett 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No. Debtor 2 must file Official Form 106J-2, Expanses for Separate Household of Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents? Do not state the dependents' names. No. Official Form 106J-2, Expanses for Separate Household of Debtor 2. Child 11 Dependent's relationship to Dependent's names. Child 11 Dependent's relationship to Dependent's names. Child 11 Dependent's names. Dependent's relationship to Dependent's names. Child 11 Dependent's names. Child 11 Dependent's names. Dependent's relationship to Dependent's names. Child 11 Dependent's names. Child 11 Dependent's names. Child 11 Dependent's names. Real No. Yes. Child 11 Dependent's names. No. Yes. No. Yes. No. Yes. No. Yes. No. Yes. Include expenses as of your bankruptey filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptey is flied. If this is a supplemental Schedule J., check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule P. Your Income (Official Form 108I.) 4. The rental or home ownership expenses for your residence, include first mortgage payments and any rent for the ground of let. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowners, or renter's insurance 4c. S00.00 Add. Book of the property in the date of the property in the property in the property i	ι	Jnited States Bankr	uptcy Court for the:	N	orthern Distric	t of Indiana	MM / DD / VVVV	
Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 11 Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Dependent's page with your spenses include capture of the control of the cash dependent							IVIIVI / DD / TTTT	
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space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 Describe Your Household	S	chedule J	: Your Ex	penses				12/15
Part 2: Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses								
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No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Child 11								
Signature No No No No No No No N	١.	_						
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2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Child			Debtor 2 must file C	official Form 106 L-3	Evnances for	: Sanarata Housahold of Dahtr	or 2	
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Debtor 2. Do not state the dependents' names. Debtor 1 or Debtor 2 age with you? Child 11 No.	۷.					Dependent's relationship to	o Denender	nt's Does dependent live
Annames. Child Child 6 No.			i and			•	•	<u>•</u>
Child 6 No. 1/4 yes. Child 4 No. 1/4 yes. Child 4 No. 1/4 yes. Child 4 No. 1/4 yes. Solve the superises of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$0.00 If not included in line 4: 4a. \$0.00 4b. \$0.00 4c. \$0.00 4d. Home maintenance, repair, and upkeep expenses			dependents'	·		Child	11	□ No. ☑ Yes.
						Child	6	□ _{No.} ☑ _{Yes.}
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4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$0.00 4d. \$200.00	4.			nses for your resid	lence. Include f	irst mortgage payments and a		\$0.00
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4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d.							4a.	\$0.00
4c. Home maintenance, repair, and upkeep expenses 4d. \$200.00				s insurance			4b.	<u> </u>
4d.							4c.	<u> </u>
							4d.	\$0.00

\$0.00

Debtor 1 Debtor 2 Keith Danielle Everett Rene Beber Beber

First Name Middle Name

Last Name

Case number (if known).

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loa	ans 5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$265.00
6b. Water, sewer, garbage collection	6b.	\$75.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$365.00
6d. Other. Specify: Other utilities	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$1,000.00
8. Childcare and children's education costs	8.	\$1,850.00
9. Clothing, laundry, and dry cleaning	9.	\$250.00
10. Personal care products and services	10.	\$90.00
11. Medical and dental expenses	11.	\$200.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$450.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$300.00
14. Charitable contributions and religious donations	14.	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$185.00
15d. Other insurance. Specify:	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or Specify:	20. 16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$0.00
	17b.	\$0.00
17b. Car payments for Vehicle 2	17c.	\$0.00
17c. Other. Specify:	17d.	\$0.00
17d. Other. Specify:		
 Your payments of alimony, maintenance, and support that you did not reperfrom your pay on line 5, Schedule I, Your Income (Official Form 106I). 	ort as deducted 18.	\$0.00
19. Other payments you make to support others who do not live with you.		.
Specify:	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on	Schedule I: Your Income.	
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues Schedule	20e. • J: Your Expenses	\$0.00

Debtor 1 Debtor 2		Keith Danielle	Everett Rene	Beber Beber	Case number (if k	nown)
		First Name	Middle Name	Last Name		
21.	Other. Spe	cify:			21. + _	\$208.00
22.	Calculate y	our monthly exp	enses.			
	22a. Add li	nes 4 through 21.			22a.	\$5,438.00
	22b. Copy	line 22 (monthly e	xpenses for Debtor 2), i	f any, from Official Form 106J-2	22b.	\$0.00
	22c. Add lii	ne 22a and 22b. T	he result is your monthl	y expenses.	22c	\$5,438.00
23.	Calculate y	our monthly net				
	23а. Сору	line 12 (your comb	23a. _	\$7,499.44		
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b	\$5,438.00
		act your monthly e esult is your <i>monti</i>	xpenses from your mon hly net income.	thly income.	23c	\$2,061.44
24.	Do you ex	pect an increase o	or decrease in your exp	enses within the year after you fi	le this form?	
			to finish paying for your se or decrease because	. ,		
	☐ No. ☑ Yes.	Explain here: We are due with	a baby in June, 2024. t	his will add to clothing, groceries,	childcare expenses.	

Fill in this information	n to identify your case	:		
Debtor 1	Keith	Everett	Beber	
	First Name	Middle Name	Last Name	
Debtor 2	Danielle	Rene	Beber	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	N	orthern District of Indiana	
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

art 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$96,750.0
1b. Copy line 62, Total personal property, from Schedule A/B	\$75,248.0
1c. Copy line 63, Total of all property on Schedule A/B	\$171,998.0
Part 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$151,921.0
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$98,583.7
Your total liabilities	\$250,504.8
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$7,499.4
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	

Dobtor 1	Voish	Everett	Dahar			
Debtor 1 Debtor 2	Keith Danielle	Everett Rene	Beber Beber		Case number (if known	1
	First Name	Middle Name	Last Name		Case number (ii known)	
Part 4: Ans	swer These Ques	tions for Administr	ative and Statistical Rec	cords		
_		nder Chapters 7, 11, or ort on this part of the fo	13? rm. Check this box and subm	iit this form to th	e court with your other sched	lules.
Your de family, Your de	or household purpose	nsumer debts. Consum e." 11 U.S.C. § 101(8). F y consumer debts. You	ner debts are those "incurred Fill out lines 8-9g for statistica I have nothing to report on this	l purposes. 28 L	J.S.C. § 159.	
		rrent Monthly Income: 122B Line 11; OR , For	Copy your total current month m 122C-1 Line 14.	nly income from	Official	\$9,920.34
9. Copy the fo	ollowing special cate	gories of claims from l	Part 4, line 6 of Schedule E/F	:		
					Total claim	
From Pa	art 4 on Schedule E/F	, copy the following:				
9a. Dome	estic support obligatio	ns (Copy line 6a.)			\$0.00	
9b. Taxes	and certain other de	bts you owe the govern	ment. (Copy line 6b.)		\$0.00	
9c. Claim	s for death or person	al injury while you were	intoxicated. (Copy line 6c.)		\$0.00	
9d. Stude	ent loans. (Copy line 6	Sf.)			\$65,635.50	

9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$65,635.50

Debtor 1	Keith	Everett	Beber	
	First Name	Middle Name	Last Name	
Debtor 2	Danielle	Rene	Beber	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	cruptcy Court for the:	N	orthern District of	Indiana
Case number (if known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you hav or agree to hav someone who is NO	T an attorney to help you fill out bankruptcy forms?
✓ No	Tan allomby to holp you his out bank apicy forms.
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have rea	d the summary and schedules filed with this declaration and that they are true and correct.
X /s/ Keith Everett Beber	X /s/ Danielle Rene Beber
Keith Everett Beber, Debtor 1	Danielle Rene Beber, Debtor 2
Date 02/22/2024	Date 02/22/2024
MM/ DD/ YYYY	MM/ DD/ YYYY

Fill in this information	on to identify your ca	ase:			ļ		
Debtor 1	Keith	Everett	Beber				
	First Name	Middle Name	Last Name				
Debtor 2	Danielle	Rene	Beber				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bank	kruptcy Court for the	e: <u>N</u>	orthern District o	f Indiana			
Case number (if known)						Check if this is an amended filing	
Official Forn	n 107				-		
Statemen	t of Finan	cial Affair	s for Ind	ividuals Fil	ing for Bar	ıkruptcy	04/22
•		•		•		olying correct information. nber (if known). Answer ev	

Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 lived Debtor 2: **Dates Debtor 2 lived** there ☐ Same as Debtor 1 Same as Debtor 1 Number Street Number Street State ZIP Code State ZIP Code City ☐ Same as Debtor 1 ☐ Same as Debtor 1 From ___ Number Street State ZIP Code State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and

Official Form 107

☑ No

territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

2: Explain the Sources of Your	Name Last Name			
2. Explain the Sources of Tour	Income			
d you have any income from employon the total amount of income you receive are filing a joint case and you have in	ved from all jobs and all busir	nesses, including part-time	activities.	ears?
No	, ,	,		
Yes. Fill in the details.				
res. Fill III the details.				
	Debtor 1		Debtor 2	
	Sources of income	Gross Income	Sources of income	Gross Income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
om January 1 of current year until the	Wages, commissions, bonuses, tips	\$8,367.00	✓ Wages, commissions, bonuses, tips	\$9,862.00
,	Operating a business		Operating a business	
or last calendar year: anuary 1 to December 31, 2023	✓ Wages, commissions, bonuses, tips	\$52,344.28	✓ Wages, commissions, bonuses, tips	\$62,747.00
YYYY	Operating a business		Operating a business	
	51		5 1	
•	✓ Wages, commissions, bonuses tips	\$42,339.00	Wages, commissions,	\$59,266.00
id you receive any other income during the income regardless of whether that lic benefit payments; pensions; rental in	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; m	ous calendar years? of other income are alimononey collected from lawsuit	bonuses, tips Operating a business y; child support; Social Secu	rity, unemployment, and
Did you receive any other income during ude income regardless of whether that lic benefit payments; pensions; rental ing a joint case and you have income that INO	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; m	ous calendar years? of other income are alimononey collected from lawsuit	bonuses, tips Operating a business y; child support; Social Secu	rity, unemployment, and
vid you receive any other income during ude income regardless of whether that lic benefit payments; pensions; rental ing a joint case and you have income that 1 No	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; m	ous calendar years? of other income are alimononey collected from lawsuit	bonuses, tips Operating a business y; child support; Social Secu	rity, unemployment, and
Did you receive any other income during ude income regardless of whether that lic benefit payments; pensions; rental ing a joint case and you have income that INO	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; met you received together, list it	ous calendar years? of other income are alimononey collected from lawsuit	bonuses, tips Operating a business y; child support; Social Secus; royalties; and gambling an	rity, unemployment, and
id you receive any other income during the income regardless of whether that lic benefit payments; pensions; rental ing a joint case and you have income that I No	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; met you received together, list it Debtor 1 Sources of income	ous calendar years? of other income are alimon oney collected from lawsuit only once under Debtor 1. Gross income from	bonuses, tips Operating a business y; child support; Social Secus; royalties; and gambling and Debtor 2 Sources of income	rity, unemployment, and ad lottery winnings. If you Gross Income from each source
id you receive any other income during de income regardless of whether that lic benefit payments; pensions; rental in grapion trase and you have income that No Yes. Fill in the details.	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; met you received together, list it Debtor 1 Sources of income Describe below.	ous calendar years? of other income are alimononey collected from lawsuitonly once under Debtor 1. Gross income from each source (before deductions and	bonuses, tips Operating a business y; child support; Social Secus; royalties; and gambling and Debtor 2 Sources of income	rity, unemployment, and ad lottery winnings. If you Gross Income from each source (before deductions and
id you receive any other income during ude income regardless of whether that lic benefit payments; pensions; rental in grange joint case and you have income that I No Yes. Fill in the details.	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; met you received together, list it Debtor 1 Sources of income Describe below.	ous calendar years? of other income are alimononey collected from lawsuitonly once under Debtor 1. Gross income from each source (before deductions and	bonuses, tips Operating a business y; child support; Social Secus; royalties; and gambling and Debtor 2 Sources of income	rity, unemployment, and and lottery winnings. If you Gross Income from each source (before deductions and
or the calendar year before that: January 1 to December 31, 2022 YYYYY Joid you receive any other income during ude income regardless of whether that allic benefit payments; pensions; rental ing a joint case and you have income that I No Yes. Fill in the details. Tom January 1 of current year until the late you filed for bankruptcy: January 1 to December 31, 2023 YYYY	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; met you received together, list it Debtor 1 Sources of income Describe below.	ous calendar years? of other income are alimononey collected from lawsuitonly once under Debtor 1. Gross income from each source (before deductions and	bonuses, tips Operating a business y; child support; Social Secus; royalties; and gambling and Debtor 2 Sources of income	rity, unemployment, and on the distribution of
Pid you receive any other income during ude income regardless of whether that lic benefit payments; pensions; rental ing a joint case and you have income that I No Yes. Fill in the details. The details of the current year until the late you filed for bankruptcy: The details of the current year until the late you filed for bankruptcy: The details of the late of	bonuses, tips Operating a business og this year or the two previous income is taxable. Examples income; interest; dividends; met you received together, list it Debtor 1 Sources of income Describe below.	ous calendar years? of other income are alimononey collected from lawsuitonly once under Debtor 1. Gross income from each source (before deductions and	bonuses, tips Operating a business y; child support; Social Secus; royalties; and gambling and Debtor 2 Sources of income	rity, unemployment, and on the distribution of

Debtor 1

Debtor 2

Keith

Danielle

Everett

Rene

Beber

Beber

otor 2	Keith Danielle	Everett Rene	Beber Beber		^		,
	First Name	Middle Name	Last Name		_ Ca	ase number (if	known)
art 3: L	ist Certain Pay	ments You Made I	Before You Filed	d for Bankruptcy			
. Are eith	ner Debtor 1's or De	ebtor 2's debts primar	rily consumer debt	s?			
☐ No.		I nor Debtor 2 has pri			ts are defined in 11	U.S.C. § 101	(8) as "incurred by
	•	lys before you filed for	•		otal of \$7,575* or r	more?	
	☐ No. Go to line	e 7.					
	paid th	elow each creditor to what creditor. Do not include payments to an	clude payments for	domestic support obl			
	* Subject to adju	stment on 4/01/25 and	d every 3 years afte	er that for cases filed	on or after the date	of adjustmen	t.
√ Yes.	Debtor 1 or Deb	tor 2 or both have pri	marily consumer o	debts.			
	During the 90 da	lys before you filed for	r bankruptcy, did yo	ou pay any creditor a	otal of \$600 or mo	re?	
	☐ No. Go to line	e 7.					
	include	elow each creditor to velow each creditor to velowers for domes orney for this bankrupt	stic support obligati				
			Dates of payment	Total amount pa	id Amount y	ou still owe	Was this payment for
	Interra		01/05/2024	\$748	3.12	\$31,341.79	Mortgage
	Creditor's Name						☑ Car
	300 w lincoln			_			Credit card
	Number Street						Loan repayment
	goshen, IN 46526)		_			☐ Suppliers or vendors
	City	State ZIP Code					Suppliers of Verlaurs
							Other
<i>nsiders</i> in ou are ar	nclude your relative n officer, director, p		rs; relatives of any woner of 20% or mor	general partners; par e of their voting secu	nerships of which tities; and any man	you are a gen aging agent, i	eral partner; corporations of w ncluding one for a business y
✓No	List all payments to	o an insider.					
✓No	List all payments to	o an insider.	Dates of	Total amount paid	Amount you still	Reason	for this payment
✓No	List all payments to	o an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason	for this payment
✓No		o an insider.		Total amount paid	•	Reason	for this payment
☑ No ☐ Yes.		o an insider.		Total amount paid	•	Reason	for this payment
☑ No ☐ Yes. Insider's	Name			Total amount paid	•	Reason	for this payment

	Danielle	Everett Rene	Bebe Bebe			- Cas	se number ((if known)
	First Name	Middle Na	ime Last N	Name					,
			otcy, did you make a signed by an insider		ansfer a	any property on ac	count of a	debt tha	at benefited an inside
√No									
Yes. List a	II payments that	benefited an	insider.						
			Dates of payment	Total amount	t paid	Amount you still owe			nis payment or's name
nsider's Name			_	_					
lumber Str	eet			<u> </u>					
City	State	ZIP Code	_						
t 4: Ident	ify Legal Acti	ions, Repos	sessions, and Fo	oreclosures					
Within 1 year	before you file	d for bankrup	etcy, were you a par	rty in any lawsuit, c					custody modifications
Within 1 yearst all such manntract dispute	before you file tters, including p	d for bankrup	etcy, were you a par	rty in any lawsuit, c					custody modifications
Within 1 year t all such ma ntract dispute	before you file tters, including p	d for bankrup	etcy, were you a par	rty in any lawsuit, c					
Within 1 year tall such ma htract dispute ☐ No	before you file tters, including p	d for bankrup	etcy, were you a par	rty in any lawsuit, c s actions, divorces,	collecti				custody modifications Status of the case
Vithin 1 yean tall such ma atract dispute ☑ No ☑ Yes. Fill in	before you file tters, including p	d for bankrup personal injury	Nature of the case CIVIL - COLLECTION	rty in any lawsuit, on a sactions, divorces, on a sactions. ON - Amended entered	Cour	on suits, paternity a t or agency rt Superior Court 2			Status of the case
Within 1 year t all such ma tract dispute No Yes. Fill in Case title	the details. Credit Service International v. Beber	d for bankrup personal injury	Nature of the case	rty in any lawsuit, on a sactions, divorces, on a sactions. ON - Amended entered	Court N	on suits, paternity a t or agency rt Superior Court 2	actions, sup	oport or	Status of the case ✓ Pending ☐ On appeal
Within 1 year t all such ma tract dispute No Yes. Fill in Case title	the details. Credit Service International v.	d for bankrup personal injury	Nature of the case CIVIL - COLLECTION Default Judgment 6 01/26/2024 - Mone	rty in any lawsuit, on a sactions, divorces, on a sactions. ON - Amended entered	Court N CASE 315 S	on suits, paternity a t or agency rt Superior Court 2 lame E NO. 20D02-2308-0	actions, sup	oport or	Status of the case
Vithin 1 year all such matract dispute No Yes. Fill in	the details. Credit Service International v. Beber	d for bankrup personal injury	Nature of the case CIVIL - COLLECTION Default Judgment 6 01/26/2024 - Mone	rty in any lawsuit, on a sactions, divorces, on a sactions. ON - Amended entered	Court N CASE 315 S Number	rt or agency rt Superior Court 2 lame E NO. 20D02-2308-0 S SECOND ST r Street	actions, sup	oport or	Status of the case ✓ Pending ☐ On appeal
Within 1 year t all such ma ntract dispute No Yes. Fill in Case title	the details. Credit Service International v. Beber	d for bankrup personal injury	Nature of the case CIVIL - COLLECTION Default Judgment 6 01/26/2024 - Mone	rty in any lawsuit, on a sactions, divorces, on a sactions. ON - Amended entered	Court N CASE 315 S Number	rt or agency rt Superior Court 2 lame E NO. 20D02-2308-0 SECOND ST r Street rt, IN 46516-0000	CC-001761	oport or	Status of the case ✓ Pending ☐ On appeal
Within 1 year t all such ma ntract dispute No ✓ Yes. Fill in Case title	the details. Credit Service International v. Beber 20D02-2308-C	d for bankrup personal injury Danielle CC-001761	Nature of the case CIVIL - COLLECTION Default Judgment 6 01/26/2024 - Mone	on - Amended entered etary Award for	Court N CASE 315 S Number Elkha City Elkha	rt or agency rt Superior Court 2 lame E NO. 20D02-2308-1 r Street rt, IN 46516-0000 Strt Superior Court 6	CC-001761	oport or	Status of the case ✓ Pending ☐ On appeal
Within 1 year t all such ma ntract dispute No Yes. Fill in Case title Case number	the details. Credit Service International v. Beber 20D02-2308-C	d for bankrup personal injury Danielle CC-001761 CAGE, LLC R BEBER	Nature of the case CIVIL - COLLECTION Default Judgment 601/26/2024 - Mone \$1,997.74	on - Amended entered etary Award for	Cour N CASE 315 S Numbee Elkha City Elkha Court N	rt or agency rt Superior Court 2 lame E NO. 20D02-2308-0 SECOND ST r Street rt, IN 46516-0000 Srt Superior Court 6 lame	CC-001761	Code	Status of the case Pending On appeal Concluded Pending On appeal
Within 1 year t all such ma ntract dispute No Yes. Fill in Case title Case number	the details. Credit Service International v. Beber 20D02-2308-C	d for bankrup personal injury Danielle CC-001761 CAGE, LLC R BEBER	Nature of the case CIVIL - COLLECTION Default Judgment 601/26/2024 - Mone \$1,997.74	on - Amended entered etary Award for	Court N CASE 315 S Numbee Elkha City Elkha Court N CASE	rt or agency rt Superior Court 2 lame E NO. 20D02-2308-1 r Street rt, IN 46516-0000 Strt Superior Court 6	CC-001761 tate ZIP	Code	Status of the case Pending On appeal Concluded
Within 1 years at all such maintract disputed. No Yes. Fill in Case title Case number	the details. Credit Service International v. Beber 20D02-2308-C	d for bankrup personal injury Danielle CC-001761 CAGE, LLC R BEBER	Nature of the case CIVIL - COLLECTION Default Judgment 601/26/2024 - Mone \$1,997.74	on - Amended entered etary Award for	Court N CASE 315 S Number Elkhar City Elkhar Court N CASE 101 N Number	rt or agency rt Superior Court 2 lame E NO. 20D02-2308-0 SECOND ST r Street rt, IN 46516-0000 Srt Superior Court 6 lame E NO. 20D06-2302-0 lorth Main Street, #	CC-001761 tate ZIP	Code	Status of the case Pending On appeal Concluded Pending On appeal

ebtor 1 ebtor 2	Keith Danielle	Everett Rene	Beber Beber		
ebioi 2	First Name	Middle Name	Last Name	Case number (if known).	
			Describe the property	Date	Value of the property
0.15 A D.1			WAGES		
Creditor's Na	ANTAGE LLC			1/5/24 - 2/23/24	\$2,173.00
Po Box 62					
	Street		Explain what happened		
			Property was repossessed.		
			☐ Property was foreclosed.		
South Ber	nd, IN 46660-6200		☑ Property was garnished.		
City	Sta		Property was attached, seized, or le	evied.	
14 Within 00) dovo boforo vov	filed for bonkerinter	, did any avaditar including a bank or financia	d institution set off any amount	- from
efuse to ma	ike a payment bec	ause you owed a d	/, did any creditor, including a bank or financia ebt?	il institution, set on any amount	s from your accounts or
√ No					
Yes. Fil	I in the details.				
			Describe the action the creditor took	Date action was	Amount
O F 1 N				taken	
Creditor's Na	ame				
Number	Street				
City	State	e ZIP Code			
			Last 4 digits of account number: XXXX	_	
			was any of your property in the possession of	f an assignee for the benefit of o	reditors, a court-
	eceiver, a custodia	n, or another officia	al?		
√ No					
Yes					
art 5: Lis	t Certain Gifts	and Contributior	าร		
3. Within 2	years before you t	filed for bankruptcy	, did you give any gifts with a total value of mo	ore than \$600 per person?	
√ No					
Yes. Fil	I in the details for e	each gift.			
		-			

btor 1 btor 2		verett lene	Beber Beber	0	,
	First Name N	liddle Name	Last Name	Case number (if know	vn)
Gifts wit	h a total value of more th on	an \$600	Describe the gifts	Dates you gave the gifts	Value
Person to V	Whom You Gave the Gift				
Number	Street				
City	State	ZIP Code			
Person's i	relationship to you				
	, , ,				
	2 years before you filed fo	r bankruptc	y, did you give any gifts or contributions with a to	tal value of more than \$60	00 to any charity?
√ No					
Yes. Fi	ill in the details for each g	ft or contribu	ition.		
	contributions to charities I more than \$600	Descr	ibe what you contributed	Date you contributed	Value
Charity's Na	ame				
Number	Street				
City	State ZIP Co	de			
art 6: Lis	st Certain Losses				
ir o. Lie	51 00114111 203303				
	year before you filed for	bankruptcy	or since you filed for bankruptcy, did you lose any	ything because of theft, fi	re, other disaster, or
ambling?					
√ No					
Yes. Fi	ill in the details.				
Doscribe	e the property you lost ar	d Describ	e any insurance coverage for the loss	Date of your loss	Value of property lost
		Indudo	the amount that insurance has paid. List pending		
how the	loss occurred		e claims on line 33 of Schedule A/B: Property.		
	ioss occurred				
	ioss occurred				

tor 2 Danielle First Name	Rene	Beber Beber		
	Middle Name	Last Name	Case number (if kno	own)
rt 7: List Certain Payments	or Transfers	6		
s. Within 1 year before you filed fo	or bankruptcy, d	lid you or anyone else acting on your behalf pa	ay or transfer any property	to anyone you consulted
out seeking bankruptcy or prepa	ring a bankrup	tcy petition?		, , ,
clude any attorneys, bankruptcy p	etition preparers	s, or credit counseling agencies for services requ	iired in your bankruptcy.	
□No				
✓ Yes. Fill in the details.				
Yes. Fill in the details.				
	Descrip	tion and value of any property transferred	Date payment or	Amount of payment
James K Tamke PC			transfer was made	
Person Who Was Paid	Attorney's	s Fee	0/0/0004	
922 E Jefferson Blvd			2/8/2024	\$910.00
Number Street				
South Bend, IN 46617-3104				
City State ZIP C	ode			
jamestamke@gmail.com				
Email or website address				
DEBTOR'S PARENTS, GARY AN	ND .			
LORI BEBER Person Who Made the Payment, if Not	Vou			
r erson who made the r ayment, ir Not	Tou			
☑ No				
_				
Yes. Fill in the details.				
_	Descrip	tion and value of any property transferred	Date payment or	Amount of payment
Yes. Fill in the details.	Descrip	tion and value of any property transferred	Date payment or transfer was made	Amount of payment
Yes. Fill in the details.	Descrip	tion and value of any property transferred		Amount of payment
Yes. Fill in the details.	Descrip	tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid	Descrip	tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid	Descrip	tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid	Descrip	tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid	Descrip	tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid Number Street		tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid Number Street		tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid Number Street		tion and value of any property transferred		Amount of payment
Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP C	ode		transfer was made	
Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP C	ode for bankruptcy,	did you sell, trade, or otherwise transfer any p	transfer was made	
Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP Co. S. Within 2 years before you filed a dinary course of your business of clude both outright transfers and to	ode for bankruptcy, or financial affair	did you sell, trade, or otherwise transfer any prices? as security (such as the granting of a security inte	roperty to anyone, other the	han property transferred in
Yes. Fill in the details. Person Who Was Paid Number Street City State ZIP Co. S. Within 2 years before you filed a dinary course of your business of clude both outright transfers and to	ode for bankruptcy, or financial affair	did you sell, trade, or otherwise transfer any prices? as security (such as the granting of a security inte	roperty to anyone, other the	han property transferred in
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Number Street Number Street Number Street	First Name Middle Name Last Name Who else had access to it? De Name of Financial Institution Name		Do you still have it?
Name of Financial Institution Name Name	Name of Financial Institution Name	escribe the contents	it?
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Owner's Name Number Street Number Street	art 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you	ou borrowed from, are storing for	, or hold in trust for some
Owner's Name Number Street Number Street	Yes. Fill in the details.		
Number Street Number Street	Where is the property?	escribe the property	Value
	Owner's Name Number Street		
City State ZIP Code	Number Street		
	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

tor 2	Danielle	Rene	Beber		
	First Name	Middle Name	Last Name	Case number (if know	wn)
rt 10: Giv	ve Details Abou	t Environmental	I Information		
_					
• •	ose of Part 10, the f	•		announing nellection contamination releases of l	hazardaya ar tayia
substance		rial into the air, land	d, soil, surface water, ground	oncerning pollution, contamination, releases of lawater, or other medium, including statutes or re	
	ns any location, fac it, including disposa		defined under any environm	ental law, whether you now own, operate, or uti	lize it or used to own, opera
	us material means a contaminant, or sir		mental law defines as a haz	ardous waste, hazardous substance, toxic subs	stance, hazardous material,
eport all not	tices, releases, and	proceedings that	you know about, regardles	s of when they occurred.	
4. Has any g	governmental unit ı	notified you that yo	ou may be liable or potentia	lly liable under or in violation of an environme	ental law?
√ No					
Yes. Fill	in the details.				
		Govern	nmental unit	Environmental law, if you know it	Date of notice
		Govern	imeniai unii	Livionnentariaw, ii you know it	Date of Hotice
		Governm	nental unit		
Name of site	•				
Name of site	•				
	Street	Number	Street		
		Number	Street		
Number S	Street	Number City P Code	Street State ZIP Code		
Number S	Street State ZI	City P Code		erial?	
Number S City 5. Have you	Street State ZI	City P Code	State ZIP Code	erial?	
Number S City 5. Have you	State ZI	City P Code nmental unit of any	State ZIP Code	erial? Environmental law, if you know it	Date of notice
Number S City 5. Have you	State ZI	City P Code nmental unit of any	State ZIP Code y release of hazardous mate		Date of notice
Number S City 5. Have you √1 No ☐ Yes. Fill	State ZI notified any gover in the details.	City P Code nmental unit of any	State ZIP Code y release of hazardous mate		Date of notice
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Number S City 5. Have you 1 No Yes. Fill Name of site	State ZI notified any gover in the details.	City P Code Govern Governm Number	State ZIP Code y release of hazardous mate mental unit Street		Date of notice

☐ A sole proprietor or a limite ☐ A member of a limite ☐ A partner in a partnet ☐ An officer, director, of ☐ An owner of at least ☑ No. None of the above a	Court Numb City out Your Busine u filed for bankrupto self-employed in a sed liability company ership or managing execut t 5% of the voting or applies. Go to Part 1 y above and fill in th	State ZIP Code ss or Connections to Ai cy, did you own a business trade, profession, or other ac (LLC) or limited liability part tive of a corporation r equity securities of a corporation	Nature of the case The property of the following connects stivity, either full-time or part-time nership (LLP)	Status of the case Pending On appeal Concluded
Case title Case number Case number 27. Within 4 years before you A sole proprietor or a limite A partner in a partner An officer, director, or An owner of at least No. None of the above a	Court Court Numb City Out Your Busine I filed for bankruptor self-employed in a seed liability company ership or managing execut t 5% of the voting of applies. Go to Part 1 y above and fill in the	Name State ZIP Code State ZIP Code Ss or Connections to All cy, did you own a business trade, profession, or other act (LLC) or limited liability part tive of a corporation r equity securities of a corporation 2.	ny Business or have any of the following connectivity, either full-time or part-time nership (LLP)	☐ Pending ☐ On appeal ☐ Concluded
Case number Case number Case number Give Details About 7. Within 4 years before you A sole proprietor or a limite A partner in a partner An officer, director, or An owner of at least No. None of the above a	Numb City Out Your Busine u filed for bankrupte self-employed in a red liability company ership or managing execut t 5% of the voting or applies. Go to Part 1 y above and fill in the	State ZIP Code State ZIP Code SS or Connections to All cy, did you own a business trade, profession, or other act (LLC) or limited liability part tive of a corporation r equity securities of a corporation 2.	or have any of the following connect ctivity, either full-time or part-time nership (LLP)	□ On appeal □ Concluded
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☑ No. None of the above a	applies. Go to Part 1	2.		
	y above and fill in th			
Tos. Official that apply		c details below for each busi	nace	
	Des	aniba the neture of the busi		tification number
		scribe the nature of the busi		tification number Social Security number or ITIN.
Name			EIN:	_
Niumbar Street				
Number Street	Naı	me of accountant or bookke	eper Dates business	s existed
-			From	То
City State	ZIP Code			

Debtor 1	Keith	Everett	Beber	—— Case number (if known)
Debtor 2	Danielle	Rene	Beber	
	First Name	Middle Name	Last Name	Case number (# known)

Part 12: Sign Below	
and correct. I understand that making a false statement, co	nirs and any attachments, and I declare under penalty of perjury that the answers are true encealing property, or obtaining money or property by fraud in connection with a isonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
X /s/ Keith Everett Beber	X /s/ Danielle Rene Beber
Signature of Keith Everett Beber, Debtor 1	Signature of Danielle Rene Beber, Debtor 2
Date <u>02/22/2024</u>	Date <u>02/22/2024</u>
Did you attach additional pages to your Statement of Finan	ncial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
√ ino	
Yes	
Did you pay or agree to pay someone who is not an attorned	ey to help you fill out bankruptcy forms?
☑No	Attach the Bankruptcy Petition Preparer's Notice,
Yes. Name of person	Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Northern District of Indiana

In re	Beber, Keith E	verett				
	Beber, Daniell	e Rene	Cas	se No		
Debto	r		Cha	apter	13	
		DISCLOSURE (OF COMPENSATION OF ATTO	RNEY F	OR DEBT	OR
1.	compensation pa	id to me within one year I	Bankr. P. 2016(b), I certify that I am the pefore the filing of the petition in bankru) in connection v	uptcy, or ag	reed to be p	aid to me, for services rendered
	✓ FLAT FEE					
	For legal services	s, I have agreed to accep			<u> </u>	\$4,000.00
	Prior to the filing	of this statement I have re	eceived			\$910.00
	Balance Due					\$3,090.00
	RETAINER					
	For legal services	s, I have agreed to accep	and received a retainer of			
	[Or attach firm ho	•	ner at an hourly rate ofor(s) have agreed to pay all Court apprainer.			
2.	The source of the	e compensation paid to m	e was:			
	Debtor	✓ Other (specify)	HUSBAND DEBTOR'S PARENTS, C	GARY AND	LORI BEBE	R
3.	The source of co	mpensation to be paid to	me is:			
	✓ Debtor	Other (specify)				
4.	I have not ag	greed to share the above-	disclosed compensation with any other	r person un	less they are	members and associates of my
	_		losed compensation with a other persor with a list of the names of the people	-		-
5.	In return for the a	bove-disclosed fee, I hav	e agreed to render legal service for all	aspects of	the bankrup	tcy case, including:
	a. Analysis of bankruptcy;		ation, and rendering advice to the debt	tor in deteri	mining wheth	ner to file a petition in

Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. AS PER WRITTEN FEE AGREEMENT
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

James K Tamke PC
Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF INDIANA SOUTH BEND DIVISION

IN RE: Beber, Keith Everett Beber, Danielle Rene CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

Date _	02/22/2024	Signature	/s/ Keith Everett Beber
_			Keith Everett Beber, Debtor
Date _	02/22/2024	Signature	/s/ Danielle Rene Beber
	_		Danielle Rene Beber, Joint Debtor

AMERI COLLECT 1851 S ALVERNO ROAD MANITOWOC, WI 54221

AMERICOLLECT INC PO BOX 1566 MANITOWOC, WI 54221

Beacon Health Systems 615 N Michigan St South Bend, IN 46601

Business & Professional Services 308 South Main St Goshen, IN 46526

Business & Professional Services Inc 306 South Main St Goshen, IN 46526

Business & Professional Services Inc 308 South Main St Goshen, IN 46526

CAPITAL ONE PO BOX 31293 SALT LAKE CITY, UT 84131

COMENITYCAPITAL/DELL PO BOX 182120 COLUMBUS, OH 43218 Credit Service International 630 S Green Bay Rd Ste 3 Neenah, WI 54956

CREDIT SERVICE INTERNATIONAL

c/o Slovin & Associates Co. LPA 2060 Reading Road, Ste. 420 Cincinnati, OH 45202

CREDIT SERVICE INTL CO 512 2ND ST STE 6 HUDSON, WI 54016

Dell Technologies po box 650971 dallas, TX 75265

DEPT OF ED/AI DVANTAGE 1600 TYSON BOULEVARD, ST MCLEAN, VA 75403

Dr. Neha Batra 1852 ashburn rd goshen, IN 46526

Elite Emergency Physicians po box 1259 dept 165956 oaks, PA 19456

Elite Emergency Physicians 600 east blvd elkhart, IN 46514

Elkhart Community Schools

2720 California Rd Elkhart, IN 46514

Elkhart Superior 6 Court

315 S second st elkhart, IN 46516

Elkhart Superior Court 2

CASE NO. 20D02-2308-CC-001761 315 S. SECOND ST Elkhart, IN 46516-0000

Elkhart Superior Court 6

CASE NO. 20D06-2302-SC-000379 101 North Main Street, # 204 Goshen, IN 46526-0000

Fairhaven Obstetrics & Gynecology

1111 Lighthouse Ln Goshen, IN 46526

GOSHEN HOSPITAL

PO BOX 139 Goshen, IN 46527-0139

Goshen Home Medical

1501 S Main St Goshen, IN 46526

Goshen Hospital

200 high park ave goshen, IN 46526

Goshen Physicans

po box 834 goshen, IN 46527

Goshen Physicans

po box 834 Goshen, IN 46527

HYUNDAI CAPITAL AMERIC

4000 MACARTHUR BLVD STE NEWPORT BEACH, CA 92660

Interra Credit Union

300 West Lincoln Ave Goshen, IN 46526

INTERRA CREDIT UNION

300 W LINCOLN AVE GOSHEN, IN 46526

IU Goshen Hospital

200 High park ave Goshen, IN 46526-0000

JEFFERSON CAPITAL SYST

16 MCLELAND RD SAINT CLOUD, MN 56303

Jefferson Capitol

po box 1120 Charolette, NC 28201

Kevin Housman

1953 waterfall dr nappanee, IN 46550

KINUM

770 LYNNHAVEN PARKWAY VIRGINIA BEACH, VA 23452

Krisor & Associates PO Box 6200 South Bend, IN 46660-0000

Kristina Jackowiak 2832 elkhart rd goshen, IN 46526

LakeView po Box 8068 Virginia Beach, VA 23450

LOANCARE SERVICING C 3637 SENTARA WAY VIRGINIA BEACH, VA 23452

One Advantage 1230 W state rd 2 laporte, IN 46350

ONE ADVANTAGE LLC

Po Box 6200 South Bend, IN 46660-6200

Radiology

Po box 1258 south bend, IN 46624

Revco Solutiona

po box 163279 columbus, OH 43216

Revco Solutions

po box 163279 Columbus, OH 43216

Revco Solutions

PO box 163279 Columbus, OH 43216

Slovin & Associates

2060 Reading Rd Cincinnati, OH 45202

SLOVIN & ASSOCIATES CO LPA

2060 Reading Rd., Ste 420 Cincinnati, OH 45202-0000

St Joseph Mishawaka Med Center

5215 holy cross pkwy mishawaka, IN 46545

SYNCB/PPC PO BOX 530975

ORLANDO, FL 32896

UNITED STATES ATTORNEY

5400 FEDERAL PLAZA, SUITE 1500 Hammond, IN 46320